THE LANCET.

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COURSE OF LECTURES
ON THE
DISEASES OF THE EYE,
Delivered in 1840,
AT THE
ROYAL SCHOOL OF ANATOMY AND MEDICINE,
MANCHESTER,
By JOHN WALKER, Esq., Surgeon.
(Second Division.)

LECTURE VII.

Extraction through a small Section of the Cornea.

THE operation for extraction is sometimes performed, the pupil being previously dilated by the application of belladonna, by first introducing a needle through the sclerotica, lacerating the capsule, and bringing the opake lens into the anterior chamber; then making a small opening with a cataract-knife in the margin of the cornea, to the extent of about one-fourth of its circumference, and afterwards introducing a hook and withdrawing the cataract. The advantage of this mode of extracting the lens is stated to be, that less pressure on the eye is necessary, and, therefore, that it is better suited to cases in which the vitreous humor is supposed to be more fluid than natural; but, it may be fairly presumed that, if the vitreous body be disorganised, that fluid will escape as readily through the lesser as the larger section of the cornea. This modification of the operation for extraction, which I believe is but rarely practised, was advised by Mr. Travers, who speaks favourably of its employment in the cases alluded to.

Extraction through the Sclerotica.

It has also been recommended to attempt the extraction of cataract through an incision into the sclerotica, instead of the cornea. In this mode of operating, it was probably imagined that, the cornea being left intact, there would be no danger of opacity of that texture, as well as of some other evils, such as prolapsus of the iris, being induced, results which occasionally follow an extensive wound of the transparent front of the eye; but, on the other hand, judging from the effects of wounds inflicted accidentally, there can be little doubt that much greater mischief would arise from an incision into the sclerotica of sufficient size to admit the egress of the lens; a proceeding which must necessarily injure the choroid and retina, and probably be followed by protrusion of those textures and of the iris, with considerable loss of the vitreous humor, and, in many instances, atrophy of the globe; the general indisposition, too, of wounds of the sclerotica to unite, is of itself almost a sufficient objection to this operation. Sir James Earle and some other surgeons of eminence, have repeatedly had recourse to it; but, although in some instances it proved successful, yet it does not appear to have been sufficiently so to cause its general adoption.

Depression of the Cataract.

The next operation I have to mention for the cure of hard cataract, is that termed *depression* or *couching*. In performing this operation, the surgeon, instead of removing or extracting the opake lens from the eye, merely pushes it below the axis of vision, either into the vitreous humor, or between it and the retina, so as to form a free passage for the rays of light, and in the expectation that the cataract will ultimately be absorbed. This is an operation which is easily performed, and, were it equally successful with extraction, would, therefore, be much to be preferred. It would seem, however, that the very frequent instances of failure after depression, led those who were previously in the habit of practising it to substitute the more successful operation of extraction. No doubt, depression is still the only operation that can be safely practised under some circumstances, as when the eye is much sunk in the orbit, when the cornea and iris are nearly in contact, so as to leave a very small anterior chamber, or when the patient is so extremely irritable and unsteady, as to render an attempt at extraction unadvisable.

The principal argument adduced against the operation of couching is, that the pressure of the hard lens, when displaced into the vitreous humor, or in contact with the retina,

cannot fail to be productive of internal inflammation, which must, sooner or later, terminate in complete amaurosis. The opake lens, it is alleged, when removed from its natural situation, is no longer a portion of the animal economy, but, like so much dead matter, acts as a foreign body in the eye, and tends to excite irritation in the textures with which it is in contact. No doubt, in many instances, such is the case; a slow disorganising inflammation is established, and amaurosis is the result: still, in other instances, it must be allowed that no such effects follow; but, on the contrary, vision is restored, and continues for the rest of life.

The amount of inflammation which succeeds to the operation for depression is, as is the case with other operations on the eye, exceedingly variable. In some persons, we know that the most acute inflammation will follow the slightest operation; and, on the other hand, a very trifling amount of inflammation will sometimes succeed the most important operation. This is so much the case, that I am inclined to think that the result often depends as much upon the peculiarity of individual constitution, as upon the particular operation resorted to. Nevertheless, there are circumstances that will either retard or facilitate an attack of inflammation, as, for example, the actual position of the displaced lens, whether it be in contact with a highly-organised and sensitive body, as the retina or iris, or with one of opposite qualities, as the vitreous or aqueous humors.

The operation of couching, though easy of execution, demands a certain amount of nicety and precision for its safe and efficient performance. Before commencing the operation, it is necessary that the pupil be fully dilated, in order to obtain a proper view of the proceedings, and to avoid the risk of injuring the iris. For this purpose, the extract of belladonna, moistened to the consistence of thick cream, should be smeared over the eyebrows and lids, and allowed to remain for one or two hours previously; or the same may be applied over night, spread upon soft linen, and the whole removed and washed off on the following morning, prior to the period of operating.

The position of the patient is not very material; he may be placed either horizontally, as on a sofa, or in the upright position, on a suitable chair: an assistant will be required to secure one or other of the lids, as in extraction; the only instrument necessary is a spear-shaped needle, curved at its extremity. Having perforated the globe, at the distance of about two lines posterior to the temporal margin of the cornea, the needle should be employed in such a manner as to lacerate the posterior hemisphere of the capsule, and, at the same time, to make an opening into the vitreous body at its lower portion, for the reception of the lens; the point of the instrument, its concavity directed towards the cataract, should then be passed between the circumference of the opake lens and the iris into the anterior chamber, the anterior portion of the capsule lacerated, and the lens itself pushed downwards into the opening previously made in the vitreous body, so as to be quite below the margin of the pupil and out of the axis of vision. There is usually a difficulty in causing the lens to remain in the new position assigned to it after this operation; and in order, as much as possible, to prevent its again rising into the pupil, it is necessary to keep the needle for a short time within the eye, and in contact with the cataract; it will, notwithstanding, very often, so soon as the needle is removed, be found that the lens has again risen, and occupies at least a portion of the pupil.

By some practitioners, the lens, instead of being depressed immediately behind the ciliary body, and in the perpendicular direction, is turned backwards and downwards horizontally, with its anterior surface directed towards the upper and its posterior surface to the lower part of the globe; and this modification is termed *reclination*. The advantage of this variation in the proceedings is thought to consist in the diminished chance of injuring the retina, and of exciting internal ophthalmia.

I have said, that the operation of couching is not difficult to perform. I ought rather to have said, that the steps of the operation are easily executed, because it is very difficult indeed to depress the lens into the vitreous body. Most commonly, when the lens is pushed against the vitreous body, with the intention of immersing it therein (that body being in its normal condition), nothing more than a revolving motion is communicated to it, it is pushed before the cataract, and the relative position of both lens and vitreous humor to the rest of the eye is, for the time, altered; but, so soon as the propelling power, viz., the instrument, is withdrawn, these bodies usually return to their original situation, and every thing remains as before. This is, at least, a very frequent occurrence; and when it does not happen, probably the vitreous body is preternaturally fluid, or the lens is pushed between that body and the retina. I have made some experiments on the dead eye, and have found much difficulty in immersing the lens within the vitreous body, so much so, that I regard it as doubtful if depression of a cataract within it is really effected, in most cases in which it is supposed to be. The very common occurrence of its again rising into the pupil favours this view; this, it usually does, almost immediately after depression, but, in some instances, several days will elapse before it is observed.

The general treatment after the operation for depression must be similar to that for extraction, but the local applications should be somewhat different. The eyelids should be covered with a plaster of the extract of bella-

donna spread on soft linen, which should be frequently moistened, and changed two or three times in the course of the day and night. This will keep the pupil in a state of dilatation, so that we shall be enabled to ascertain the situation of the depressed lens, and, in the event of its resuming its original position, avoid the risk of exciting inflammation of the iris. The inflammation which follows this operation is seldom so severe, nor are the symptoms so urgent, immediately afterwards as in the case of extraction. The injury inflicted on the eye, likewise, at the period of operating, is not so great in depression as in extraction, and consequently the re-action is neither so instantaneous nor so excessive, although it may ultimately be productive of the same or even a greater amount of mischief. To reduce the inflammation, it is frequently necessary to bleed both locally and generally; and, in addition to the ordinary antiphlogistic treatment, as the internal textures are more likely to be affected, it will generally be proper to exhibit mercury, and, after a certain period has elapsed, to resort to counter-irritation.

When the cataract re-appears in the pupil, some practitioners recommend that the operation for depression should be repeated; and Mr. Hey states that he has, in some instances, done this five or six times over. In such an event, I should think it better to wait; because the chances are that the cataract, if it resumes its original situation, and is in contact with the aqueous humor, will gradually disappear by the process of absorption. Such an occurrence I have occasionally witnessed. If, in this situation, it should appear to be exciting much irritation within the eye, it would probably be better to attempt its removal by extraction.

Although, in some instances, the absorption of a hard cataract, when depressed, may be effected, yet, when it is removed from the influence of the aqueous humor, this is a very slow and uncertain process. Beer has related a case in which an opake lens, in consequence of a blow, re-appeared in the pupil, after having been depressed thirty years.

Soft Cataract.

The soft is, in general, easily distinguished from the hard cataract, by its occurring in young and middle-aged persons, and by its different appearance within the eye; the soft cataract being always of a milky white, whilst the hard, as before explained, is more commonly of a yellowish or amber colour, although not invariably so. This difference of colour renders it more distinct and striking to the observer; so that it is perceptible, on a very superficial view of the organ, from the contrast which it exhibits to the clear black of the natural pupil, and the darker shade of the iris.

The degree of softness of the opake lens is commonly proportionate to the age of the patient. In very young persons and in children, it is frequently quite fluid; so that when the anterior capsule is ruptured, it flows out into the aqueous humor and renders it quite turbid, when the case is termed *milky cataract*. In middle-aged individuals, on the other hand, the lens acquires an increase of firmness, but still it wants that degree of solidity which it attains at a more advanced period of life; and this is sometimes named *caseous cataract*, because it is of the consistence of soft cheese or butter.

In cases of soft cataract, the lens is usually much larger, more convex, and approaches more nearly in contact with the iris; sometimes, indeed, pushing it forwards, so as to give it a bulging appearance. The loss of vision, too, is generally more complete in soft than in hard cataract: this arises from the circumstance that the opacity is more generally diffused through the different laminæ in the former; while in the latter, it is more frequently confined to the central layers. After all, however, there is some uncertainty in the means of determining as to whether the opake lens be of a soft or firm consistence. The colour of the opacity, as before pointed out, should be considered to indicate the seat of the morbid change, rather than the actual consistence of the opake lens, since it is commonly of a whitish and striated appearance when affecting the outer layers, even at an advanced period of life. Nor is the age of the patient at all times a perfect criterion, for the cataract is sometimes very firm in young, and not always so in elderly persons; and it sometimes happens that the lens is soft in one eye and firm in the other.

Division of the Cataract.

The operation usually preferred for soft cataract is that of *division*, by which the texture of the lens is more or less pierced and broken up. The particular object of the surgeon in performing this operation, is the exposure of the opake body to the action of the aqueous humor. To effect this, it is, of course, necessary that the anterior hemisphere of the capsule be lacerated, when solution, or, more properly, absorption commences, and the cataract, after a certain period, gradually becomes dissipated, and finally disappears. There is no reason for supposing that the aqueous humor actually dissolves the substance of the lens by any chemical or mechanical process. This fluid, however improbable such a supposition may appear at first view, might almost be regarded as endowed with vitality, so that when any foreign body is immersed therein, its absorbent vessels are excited to action, and soon effect its entire removal. We know that effusions of blood and other matters frequently take place into the aqueous humor, and are very rapidly removed by the process of absorption. Solid substances are also not

unfrequently removed by the same process; so it is with the crystalline lens, if that body be left exposed to the aqueous humor, or portions of it immersed in that fluid, absorption proceeds, and, after a time, the removal of the opake substance will be completely effected.

Before proceeding to the operation which is to produce these effects, precisely the same preparation is requisite as that previously mentioned for the operation of couching. The pupil must be well dilated, by the free employment of extract of belladonna to the eyebrows and lids, or a small portion applied to the conjunctival surface of the eye, by means of a camel's-hair pencil, introduced into the inner canthus. The instrument required is the ordinary spear-shaped, straight cataract-needle. The point of the needle having been made to perforate the coats of the eye, posterior to the junction of the cornea and sclerotica, in the manner before described, is carried between the outer margin of the lens and the pupillary edge of the iris into the anterior chamber; the anterior hemisphere of the capsule is then to be freely lacerated, and the needle passed into the lens, so as to break up its substance to a greater or less extent.

The immediate effect of this operation will materially depend on the consistence of the cataract; if it be fluid, or very soft, perhaps a considerable portion will escape through the opening of the capsule into the aqueous humor; if it be firmer, no change of this description will be discernible. It is generally considered proper not to use the needle too freely in the first operation, in order to avoid displacing the lens, particularly if it be of a rather firm consistence. We need seldom do more than lacerate the capsule; but this should be done effectually, so as to cause a moderate surface of the lens to be exposed to the aqueous humor, and to diminish the chance of a closure of the opening in the capsule, and of the subsequent formation of capsular cataract.

It occasionally happens that a single operation is sufficient to cause the disappearance of an entire cataract, both lens and capsule. In the vast majority of cases, however, several repetitions of the operation are necessary; sometimes as many as six or eight, or even more; and in these the needle may be passed very freely through the remaining portions of the cataract. The time required for the absorption of a cataract is also very uncertain; in young children it often happens, particularly when fluid, that the whole disappears in the course of a few days. The most rapid absorption I have known in an adult, occurred in about ten days from the period of operating, the patient being at the time the subject of diabetes. More commonly, it is many weeks, and sometimes several months, before the absorbent process is perfected. In general, five or six weeks should be allowed to elapse between each successive operation, or until all irritation has completely subsided.

In the event of a subsequent operation being required, a considerable portion of the lens having been absorbed, its further removal may often be expedited by bringing it forwards into the anterior chamber, which is easily accomplished with the needle when the pupil is well dilated. If the remaining portion should prove to be larger or more solid than was anticipated, such as the nucleus is sometimes found to be, there may be some risk in attempting this, since it may press against the iris and cause inflammation of its texture and (the frequent result) closed pupil, and adhesion to the capsule. Rather than permit this, it would be preferable to puncture the cornea, and evacuate the remaining fragment of the lens. The regular employment of the extract of belladonna, so as to keep the pupil well dilated, with strict antiphlogistic treatment, will, however, in many cases, prevent the necessity of such a proceeding.

The operation for division of the cataract is sometimes performed by introducing the needle through the cornea, instead of the sclerotica, into the anterior chamber. This operation has been named, by the Germans, *keratonyxis*, from two Greek words, signifying puncture of the cornea. The needle is introduced through the cornea, near its temporal margin, at about two lines' distance from its junction with the sclerotica, when the anterior hemisphere of the capsule is pierced and lacerated, and the lens partially broken up.

The operation of keratonyxis appears to be most suitable when the object is simply to lay open the capsule, and is, therefore, best adapted to those cases in which the lens is very soft or fluid. For breaking up the substance of the cataract, it does not seem so applicable, inasmuch as the operator has not so great a control over the eye or the instrument, as when the latter is passed through the sclerotica and into the posterior chamber. Great care should always be taken to have the pupil amply dilated by the use of belladonna, because there will be greater risk of injuring the iris by this than by the posterior operation.

Some surgeons prefer this operation, because they suppose that the liability to an attack of inflammation is less after it than after that through the sclerotica. It is likely that such may be the case generally, but I have known instances of the most violent and long-continued attacks of ophthalmia to result from the performance of this operation. Such, indeed, is frequently the case after any kind of needle operation; and he who resorts to this instrument in the expectation that his patient will be free from the risk of subsequent, and even severe and long-continued inflammation, will find himself much deceived in practice.

The principal risk after the operations for division of the cataract, arises from the mechanical pressure of the lens, which, when very large, or of a somewhat firm consistence, may be expected to act as a foreign body in the eye. Remaining in the immediate vicinity of the iris, and often in actual contact with it, inflammation of that texture frequently succeeds, and is very apt to result in effusion of lymph into the pupil, the effused matter often becoming organised, the lens, capsule, and iris agglutinated, and the pupil completely obstructed or even obliterated. Nor is the mischief at all times confined to the iris; the morbid action occasionally extends to the retina, and amaurosis and general disorganisation of the globe sometimes follow.

During an attack of inflammation, the absorption of the cataract is suspended; and if the attack be severe, deposition, as I have just said, is frequently substituted, and effusion of lymph, or some other morbid production, takes place. So soon as the inflammation is checked, the absorbent process recommences, and is finally completed, with the exception, usually, of a portion of the capsule. The chief means of arresting inflammation of the iris, and of the internal textures of the eye, after these operations, are such as I formerly described, viz., bleeding, both local and general, according to the severity of the attack, and the constitution and other circumstances of the patient, the internal exhibition of mercury, and the application of belladonna externally. To avert such attack is often impracticable; but the same precautionary measures are to be adopted as before recommended after the operations of extraction and depression; and, perhaps, the most important preventive remedy is the local employment of the belladonna, so as to keep the pupil well dilated.

A not unfrequent termination of the operation of division and the subsequent absorption of the cataract, and one which I conceive has not been sufficiently pointed out, is that of atrophy of the eye. It would seem that the process of absorption is not always limited to the cataract, but occasionally extends to the vitreous humor and the other structures of the globe. I have seen many instances of such a result, not confined, indeed, to the operation for cataract, but likewise in cases where the lens had been injured by sharp instruments accidentally passed into the eye. Nor is it to be wondered at that the repeated introduction of an instrument within the interior of the eye,—a proceeding which must inevitably break up the delicate cells of the vitreous body, together with the irritation consequent thereupon, and on the presence of the disorganised lens, combined with an unnatural excitement of the absorbent vessels, kept up for many weeks or months,—should be succeeded by a much greater amount of absorption than was originally contemplated, and that ultimately a large portion of the fluid contents of the globe should disappear. The wonder is, that so much can be done in the way of interference with the vitreous body, during the various operative proceedings on the eye, with such frequent impunity. Dr. Mackenzie appears to entertain somewhat similar views to those I have just expressed. "Has the process of solution and absorption of the lens (says he) no exhausting effects upon the internal parts of the eye? Are these parts left as sound, after this process has been accomplished, as after extraction, in neither case inflammation having occurred? To these questions I must answer, that after the process of solution and absorption is completed, we frequently observe undeniable signs of the internal textures of the eye having suffered, not from inflammation apparently, nor from irritation, but rather from exhaustion. The iris, particularly, becomes paler and more flaccid than natural, the pupil smaller, and its motions less vivid; while, in some cases, the wasting of the eye extends more deeply, the vitreous humor shrinks, and the retina becomes more or less insensible." It is important that these facts should be borne in mind, because you will find some writers vaunting of this operation, that it is not only the most simple in point of execution, but likewise the most successful in its results, and, indeed, that it is well calculated to supersede all the others. Of the incorrectness of such a statement, you will be able to judge from the data with which I have just furnished you.

Division and subsequent Extraction of the Cataract.

Another operation, sometimes practised for the cure of soft cataract, may be termed the *compound operation*, because it combines that of division with extraction. It was first resorted to by Mr. Gibson. That eminent surgeon was desirous of abridging the long and tedious process which is usually required for the complete removal of a cataract, even when not of very firm consistence; and we may presume that he also had in view the prevention of the many evils which so frequently result from allowing a disorganised lens to remain for weeks and months in the interior of the eye. He thought it would be better practice to remove so constant a source of irritation. With these views, he proceeded first of all to perform the operation for division, by rupturing the capsule and breaking up the substance of the lens; and afterwards, when the eye had recovered from the effects of the previous operation, and the cataract had become softened and partially absorbed, to extract the remainder by a small incision in the margin of the cornea. Mr. Gibson generally allowed two or three weeks to pass between the first and second operations. There will, no doubt, be a better chance of

the cataract becoming softened into a pultaceous or more fluid mass by such a delay; but I have frequently extracted in four or five days after the needle operation, with perfect success, when much irritation appeared to have been excited by the displaced or broken-up lens. The opening into the anterior chamber should be made at the temporal margin of the cornea, at about the distance of one line from its junction with the sclerotica, by means of an extraction-knife; the size of the aperture should depend upon the probable consistence and magnitude of the remnant of the cataract. Generally speaking, if the point of the double-edged knife be carried into the pupil and made to touch the capsule, so as to puncture it slightly, the opening in the margin of the cornea will be of sufficient size to admit of the escape of the partially-dissolved lens; if it do not escape by this means, the scoop must be introduced into the wound and quite into the pupil, when the cataract, sometimes fluid and at others in softened fragments, passes along the concave surface of the instrument and out of the eye.

Of the propriety and advantage of this combined operation, I can speak in the most positive terms, from many opportunities of witnessing its successful employment, both in my own personal experience and from observation of the practice of my colleagues: it is an operation that is admirably calculated to prevent the many disagreeable consequences, before pointed out, as too frequently resulting from a protracted process of absorption. That punctuation of the cornea may be practised with comparative impunity, is proved by the frequent employment of it for various purposes, in addition to that under consideration, as in the evacuation of the aqueous humor, so forcibly recommended and so frequently practised by Mr. Wardrop and others. This is so much the case, that I am satisfied it is an operation which is as little to be dreaded in its consequences as any in ophthalmic surgery.

The after-treatment must be the same as in ordinary extraction; but, as the incision is of much smaller extent, and the injury proportionally less, it need not in general be so rigidly enforced. The application of adhesive straps, to secure the lids in a state of quietude, is a proper proceeding, and will favour the union of the wounded surfaces.

The last operation I have to notice, for the removal of soft cataract, is that of *extraction through a quarter section of the cornea*. This method of treating soft cataract is recommended by Mr. Travers, who makes a quarter section of the cornea with the extraction-knife, and, at the same time, dips the point of the instrument into the pupil, so as to open the capsule, and brings the cataract away at once: if the lens be quite soft or fluid, it will escape with the aqueous humor; if it be of firmer consistence, the introduction of the scoop will be necessary to dislodge it. This operation is, like that of Mr. Gibson, only to be recommended in cases of soft or fluid cataract; it is more particularly suited to the latter; but as these only occur in children, in whom absorption is so readily and rapidly effected, it may be doubted whether it is an operation that will be frequently necessary or proper.

ILLUSTRATIONS OF THE

PATHOLOGY AND TREATMENT OF AMAUROSIS.

By Edward Hocken, M.D.

Part II.*

RETINITIS.

An important variety of amaurosis is dependent on inflammation of the retina, which may occur as an idiopathic or as a secondary affection. It is, doubtless, rare as an idiopathic and uncomplicated disease, most common as a derangement originating simultaneously with iritis, choroiditis, or general internal inflammation, or primarily set up in the surrounding textures, and involving the retina in its progress; hence the frequency of imperfection, or loss of vision, as a symptom of their presence, progress, and results.

Idiopathic retinitis is seen as an acute or chronic affection—referring simply to its duration—it is active, mild, or passive (atonic) in its general and local symptoms. There are, however, here, as in all other forms of inflammation, intermediate grades of all descriptions, from the most acute to the most chronic, and from the most sthenic to the most adynamic. The chronic forms are, perhaps, the most numerous; the active acute forms the most rare, the intermediate (mild) possessing an intermediate frequency.

As idiopathic uncomplicated retinitis is itself a very rare disease, so especially is the violent and active form to which the name of "acute retinitis" is usually applied. Most inflammatory diseases are described as if they presented the most intense symptoms, and required the most unsparing and active use of the lancet, backed by the whole catalogue of antiphlogistic remedies. But such is no where seen in nature, as the invariable form; nay, such cases are the exceptions, not the usual type of any one inflammation; for most inflammations occur in individuals whose constitutional powers were deranged previously, and in proportion to the kind and degree of this general indisposition, so is the inflammation mild, or subactive, or marked by failing powers, constituting the atonic, where the fever present is not "inflammatory," but of a lower grade, with every

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* Continued from p. 10.

intermediate link to complete prostration and typhoid fever.

Of the subactive or mild retinitis, I have seen several cases; the symptoms are interesting, especially when viewed in connection with the power of remedies; for I think I can prove that judicious measures are capable not only of putting a stop to the symptoms, by curing their pathological origin, at an early period of their existence, but even of restoring vision after its complete loss, provided that treatment be commenced before the functional loss has become permanent, or the effused lymph unsusceptible of the influence of mercury by its becoming organised, and undergoing analogous changes. These assertions I will illustrate and confirm by a case, and subsequently dwell slightly on the symptoms which this form of retinitis usually presents.*

A fair, healthy girl, called Mary Ann Saunders, aged nineteen, presented herself as a patient in May, 1840. She stated that previous to the present attack she had had an inflammation of the same eye, which was nearly, but not perfectly, cured before the present symptoms commenced. Some uneasiness had existed for three months; her usual health was very good, but she was nervous, and had previously suffered from hysteria; had occasional circumscribed pains over the brows, and uneasiness in the left side.

The previous symptoms had commenced with pain and "sticking" in the eye; a feeling resembling sand between the surfaces of the conjunctiva, intolerance of light, lachrymation, and headach. The eye was, according to her own account, of a bright scarlet colour; the affected organ was the left. This attack was treated simply by quiet, abstinence, and warm bathing by poppy decoction.

At the time of her application the following symptoms were present: well-defined zonular redness, very narrow, intense towards the cornea, imperceptibly shaded off towards the edges of the orbit; the vascularity formed a complete circle, consisting of the finest ramifications, which terminated by a well-defined line towards the cornea, at a short distance from which they perforated the sclerotic tunic, and thus left a white ring, which intervened between the vascularity and the cornea. The iris appeared healthy; the pupil (of the left eye) widely dilated and motionless, the fundus of the eye presenting a dull buff-coloured opacity, whilst the sclerotic was free from discoloration, and, as well as the cornea, appeared quite normal in its functions and structure. The conjunctiva presented a few dilated scarlet trunks, and the lids were red, painful, and tumid; the left eye, to which the disease was confined, appeared preternaturally soft and sunken.

From the patient we learnt that this affection commenced about a fortnight before, with pain in the eye and head, dimness of vision, and great general feeling of illness.

She stated that her sight in the left eye was then completely lost; that she was able only to distinguish "night from day;" that she had severe pain in the head, chiefly in the frontal region; great sense of weight and aching over the brow, much increased towards night, and shooting through the brain to the occiput; during the day the pain over the brow was aggravated in irregular paroxysms. The pain in the eye was less severe than at the commencement; it was deep-seated, but not very much; she complained of muscæ, sparks, and the appearance of "flashes of light."

As regards the constitutional symptoms, her general powers were depressed; the tongue was coated, red at the tip and edges; the skin dry and hot; there was thirst and nausea, and general feeling of indisposition, depression, and lassitude; the pulse frequent and soft; bowels confined. The diagnosis from these symptoms was "acute retinitis of the subactive or mild form;" the blindness depending on inflammation and change of structure in the retina.

The inflammation was here evidently on the decline; the pain and other symptoms were less violent than at a previous period; but changes had already occurred, although very recently, by which the retinal function was almost completely abolished. It thus afforded a favourable opportunity for a trial of the effects of mercury.

Treatment. — Accordingly eight leeches were applied to the temple, the alimentary canal freely cleared out by an active purgative; and then two grains of calomel, and one-fourth of opium were administered, so as speedily to bring the system under its influence. A weak, warm solution of the acetate of lead was directed as a local application to the conjunctiva. (5th.)

Four days subsequent to the commencement of the mercury the mouth became affected; and she then stated that her sight was much improved, that the sensations of muscæ and light, &c., were diminished; the pupil was still dilated, but possessed independent motions on alternation of light and shade; fundus opake, tongue coated, lips dry, little or no fever except at night, local pains gone, redness and swelling of the gums, mercurial fœtor and coppery taste in the mouth, zonular redness much diminished. To continue the mercury in diminished doses; a blister to be applied behind the left ear.

On her next application the mouth was still sore, her sight had improved considerably, the pupil had regained almost its normal movements, the fundus had lost the buff appearance, and was scarcely opake; the

* Vide, also, the case of Eliza Harwood, in my previous communication.

blister was discharging—this was kept open, and the previous remedies continued.

A week subsequent to this period the patient had lost every diseased appearance and sensation, and declared her sight to be as good in the left eye as in the right, but "weaker," viz., impatient of exercise. As the lids were still somewhat red, an astringent collyrium was now employed. The patient ceased attending.

Are such the ordinary symptoms of acute retinitis? or do the general so nearly simulate phrenitis, and are the local so equivocal as to render diagnosis difficult? I have seen six or seven cases of the acute, subacute retinitis, in all of which the symptoms which presented themselves in the case of Saunders were, more or less, present; the vascularity was of the same type, the primary contraction, and subsequent dilatation of the pupil, attended with opacity, or a buff-coloured change at the fundus of the globe; the fever, &c., with such trifling derangement of the cerebral functions, that no difficulty, at all events, could have been experienced here. But cases do occur in which the symptoms are more acute (being either active or passive); but are they not exceptions? I have seen many thousand cases of ophthalmic diseases, and but one or two of retinitis, which were more acute than the foregoing case; and here the vascularity and the other local symptoms were well marked. But Mackenzie tells us, that from the symptoms "it sometimes passes with medical men, who have not studied the disease of the eye, for phrenitis or brain fever;" and Mr. Travers has seldom seen an example of this inflammation, which seemed to afford time for the beneficial operation of a remedy. From these data, I would come to the conclusion that there are always well-marked symptoms, which would serve to indicate the existence of retinitis with sufficient readiness, and that the general and local indications of disease would rarely, if ever, lead a well-informed mind to the supposition of encephalitis, from the presence of acute retinitis simply, bearing in mind that one may really complicate the presence of the other. Again, that acute (in its truest sense) is very rare, subacute comparatively common, chronic most frequent. This variety I will presently illustrate.

A word about the treatment of retinitis. Can we lay down any one rule or set of rules to guide in the administration of remedial measures? We cannot; each case presents its own peculiarity, and the judicious practitioner will look to each individual case for its own indications for treatment. We may state, generally, that blood letting, mercury, purgatives, blisters, absolute quiet, and serenity of mind, are the chief means for all; any of which, taken separately, may prove quite inadequate for its care, and that blood-letting is to be regarded not so much a cure of retinitis as a means of allaying its activity, and thus affording a favourable opportunity for the action of mercury; a remedy which can even restore vision, when lost by effusion of lymph, into the texture of the retina, provided its constitutional influence be induced before that loss has become habitual. Moreover, even where the general powers are most depressed, it does not necessarily follow that local blood-letting is inadmissible, since active and disorganising local action is frequently co-existent with such a condition of the constitutional powers. Where such is the case, it is lawful and proper to draw blood locally, by cupping or leeches; whilst, at the same time, we uphold the general powers by stimulants and tonics.

Chronic Retinitis.—Of chronic retinitis there are many grades; it may be active or passive in its symptoms, occupy one or both eyes (this is, however, very rare), and may have degenerated from the acute, or have been primarily the same affection in character. But I would inquire, Has it ever a specific character? Can it ever be regarded as a rheumatic affection? For two cases in which the retinitis affected both eyes, see "Treatise on Amaurosis," &c., p. 125-7. To answer the previous queries, I will narrate a case, taken June 5th, 1840: Ann Ash, æt. 43, has suffered more or less from the same affection for eleven months. She states that she is a washerwoman, enjoying usually very good health, but is subject to rheumatism; has had a large family, and is herself of habitually temperate habits; her irides are light-coloured.

The previous history of her complaint is as follows:—She had been affected with rheumatic arthritis before she discovered anything amiss with her vision; but that with the rheumatism her eyes had been painful, and watered from bright light; an affection which had disappeared with the rheumatism. About nine months since (from June 5, 1840), on shutting one eye she found herself quite blind in the other, the right eye. The blindness consisted of simple obscurity of vision, accompanied by rheumatic hemicrania and dyspeptic symptoms, but with little or no pain in the eye itself.

Present Symptoms.—The pupillary edge of the iris was discoloured and retracted, the fundus of the globe opake and buff-coloured, with general haziness of the pupil; several large conjunctival vessels were visible; and there was a pale pink zone around the cornea, which followed the characters I have already mentioned as peculiar; the pupil was contracted and sluggish in its movements, when the other eye remained uncovered, but dilated and motionless as soon as the light was completely excluded from the sound organ. She has decayed teeth, which, at present, give no pain.

She complained of deep-seated and aching pain in the affected eye (right), invariably

aggravated at night; severe frontal headach; pain over the brow, and "beating in the temples." The character of the pain was dull and oppressive, and rendered her incapable of the effort to undergo bodily or mental exertion. She states that, although all useful vision is gone in that eye, she fancies that she sees better in a weak light, and is frequently troubled with the appearance of small dark objects moving before the eye, and of sparks and flashes of light.

She is affected with pyrosis coming on after breakfast, and thus frequently brings up a large quantity of a clear acid liquor; the appetite is good; the functions of the large intestines regular, and the catamenia normal in quantity, duration, and regularity; the skin, especially of the palms of the hands and soles of the feet, becomes hot and dry at night, with thirst; the tongue clean, but swollen, and flabby; pulse 92, full, and readily compressible. Her health, before she became affected with rheumatism, was very good, but she was always "very nervous."

The diagnosis from these symptoms was chronic retinitis (rheumatic), with cerebral congestion; blindness from effusion of lymph into the retinal texture.

This retinal disease had existed, more or less, for eleven months; she applied in Oct. 1839, about two months from the commencement of the symptoms, and was then treated by blue pill every other night; a pill of colocynth and tartarised antimony every morning; and tartarised antimony ointment to the nape of the neck. On the 16th December a blister was applied to the nape of the neck. This treatment was continued with scarcely any modification until March, 1840, when she was discharged, cured; having declared that she had quite recovered her sight, and lost all unpleasant symptoms. In June, 1840, she again applied, with the symptoms and condition I have already described.

Purging, counter-irritation, and mercury, were had immediate recourse to. The mercury was used in the doses, and with the views I shall immediately explain, viz., a very slight but continued constitutional action, as denoted by slight soreness and redness of the gums. This treatment again proved successful; its progress was stopped, and the disorganisation already effected by the continuance of diseased actions removed. She was discharged cured in October, 1840.

Remarks.—This case again proves that blindness, from recent effusion of lymph into the structure of the retina, is often curable by a discreet employment of mercury, and that if it possessed any title to the name of "rheumatic," that it was as curable by mercury, and other antiphlogistic measures, as retinitis, presenting nothing uncommon in its origin, progress, and causes. Should we state that there is such an affection as rheumatic retinitis? That the retina may be inflamed as one of the local manifestations of a constitutional disease? The foregoing case would, in my estimation, prove as much, namely, that the retina may be inflamed during the progress of rheumatism, and be attended with local and general symptoms peculiar to that affection; but, nevertheless, it seems to me to be of but little moment whether we regard such as rheumatic, or as simply a complication, since the indications for treatment are similar in both instances. Where the sclerotic was simultaneously inflamed, and long resisted the influence of mercury, I should be inclined to try the effects of the iodide of potassium, as it possesses the most undoubted powers over chronic inflammations affecting the joints, and other fibrous tissues; and different structures really seem differently influenced by the same remedies, whilst analogous structures are amenable to the same laws. Lastly, the forementioned case especially directs our attention to the necessity of great caution from relapses, since this patient was discharged apparently quite well in March, and returned with the pupil opake from effusion of lymph, and with almost total destruction of vision, in June. The disease had, doubtless, been slowly creeping on in the interval; the retina was left prematurely disposed to exciting causes; and the disease had relapsed, most probably, from exposure to cold. Hence we may come to the conclusion, that the patient is not safe, "not cured," until this predisposition itself is removed also; and to effect this all-exciting causes should be most rigorously avoided, and counter-irritation be kept up for some time in the vicinity of the suffering organ.

It now remains for me to speak of the mode in which mercury should be employed; and, first, in acute retinitis. We may state, as a general rule, that the more speedily met by active and appropriate remedies, the more probability is there of ultimate success; yet I have proved that the reverse is not necessarily fatal to vision. Mercury should be introduced into the system so as speedily and effectually to influence the constitution, at the same time to ruffle its powers as little as possible. Calomel and opium, in suitable doses and relative proportions, seems to be the best mode. We should effect a decided soreness and tenderness of the gums, a coppery taste in the mouth, and a mercurial fœtor; but go no further.* I believe that

* Mr. Travers says,—"Mercury should be introduced with all convenient rapidity into the system; I mean, so as to ruffle it in the least possible degree. No advantage is obtained by salivation; on the contrary, I think it hurtful. When mercury is beneficial, its efficacy is perceived as soon as the mouth is sore." He adds, in a note, "some oculists still adhere to the practice of the arch-angel, and—

'—— purge with *euphrasy* and *rue*,
The visual nerve.'"—P. 311. Edit. 2nd.

complete salivation would be much more likely to augment the danger than remedy the disease; and that, therefore, it is not only "not useful," but absolutely injurious; nay, unwarrantable and cruel. We should effect as much by a decided impression on the salivary glands and gums, as by making the patient stream with saliva; a hideous and disgusting spectacle to others, and a very loathing to himself; to terminate, perchance, in considerable necrosis of the jaw, broken powers, and a failing constitution.

Having once fairly affected the constitution, we should maintain that influence by suitable doses of the mineral; the dose being diminished or increased according to existing circumstances, but continued as long as acute symptoms remain.

The mode of using mercury is different in the chronic forms; here we cannot at once put a stop to the diseased actions by a powerful impression on the constitution, either by blood-letting or mercury, but must follow, as it were, the course of the disease itself, and go calmly, steadily, and slowly to work. We employ mercury so as to effect the mildest possible constitutional influence, with slight soreness of the mouth and mercurial fœtor. Calomel and opium, or blue pill and conium, are best fitted as remedies; they should be employed in moderate doses, at stated and regular intervals, the quantity being decreased as soon as the gums indicate just that extent of inflammation that shall least interfere with the mouth's ordinary functions, and continued in diminished doses, so as to maintain permanently this condition; it must be continued rather longer than the apparent disappearance of unfavourable symptoms, on the grounds which I have already mentioned, namely, the fear of relapse. The constitutional powers will thus be restored unbroken, even though we maintain its action for many months, whilst the inflammation and its effects will as surely yield, as if we added the dangers and great inconveniences of profuse salivation. This is the way in which almost all chronic inflammations are cured by mercury, most safely, most quickly, most pleasantly,* and, I may add, most permanently.

ON THE MODE OF PREVENTION OF THE

SMALL-POX PITS.

THE importance of preventing the unseemly scars, consequent on small-pox, will be a sufficient excuse for the trial of a practice, by several found successful.

The following plan, although known, has not been fully proved in this country; viz., the application to the affected parts of the "emplastrum ammoniaci cum hydrargyro."

We have taken some remarks from an inaugural thesis, read before the Faculty of Medicine of Paris, in 1840, by Dr. Joseph Olliffe, of Cork. The author first notices the "ectrotic" treatment (from the Greek εκτρωσις, signifying abortion, or destroyed before maturity).

Bretonneau and Serres published the first papers on the subject, in the "Archives Generales," in 1825. The former pierced the point of each pustule with a gold or silver needle, armed with caustic, on the second or third day of the eruption.

Serres, in the confluent variety, painted the whole affected surface with a solution of the nitrate of silver; but in the distinct variety, he merely touched each pustule.

M. Velpeau removed the top of each pustule entirely, and introduced the caustic into the cavity.

At the time this treatment created a great sensation, and was in general very successful; but it has fallen into disrepute, from its practice being in all cases painful, and in many impracticable: also, M. Guersent relates some cases where its practice was followed by cerebral affections; although Serres asserts that his plan prevents cephalitis, otitis, ophthalmia, &c., which so often follow small-pox.

Several other means have been recommended. "Cotugno" advised that the face should be washed frequently with warm milk and water.

The Arabians open the pustules, and press out the matter.

Dr. Picton, of New Orleans, excluded the light from the sick chamber, and in no one case were there any pits left.

M. Le Grand has recently read a paper before the Academy of Medicine, in which he states that the application of a thin layer of dissolved gum Arabic, to be immediately covered by gold-beaters' leaf, prevents pitting.

Dr. M. Good recommends that a piece of fine linen, or cambric, on which some cetaceous cerate is spread, should be applied.

Mr. Wade has found benefit by using the solid nitrate of silver in the papular stage.

Mr. George also, from covering the pustules with calamine.

The method advocated by Dr. Olliffe is to mask the whole face with a sheet of the "unguentum ammoniaci cum hydrargyro," leaving orifices for the mouth, eyes, and nostrils: also, a small quantity of mercurial ointment is rubbed upon the eyelids.

Under this treatment the papules quickly disappear, or are converted into vesicles, or scabs. The fit period is in the papular stage, although even in the pustular stage it may be successful.

In the distinct variety the mask is kept on

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* Tutò, citò, et jucundè.—*Celsus.*

for three days, and in the confluent for four days. In reference to the *modus operandi* of the treatment, Dr. Olliffe asks, "Ought we to admit the existence of animalculæ?" and that they are destroyed by the mineral; or, "Does the metal act by diminishing the coagulating power of the blood?"

Before we can arrive at a knowledge of the *modus operandi* of the treatment, we must previously investigate the cause of the scar, or pit. Mr. Ceely gives this explanation.

The eruption commences in papulæ, which have their seat in the corium. These papulæ consist of an adventitious membrane, formed in the corium, from a secretion by the papillæ. This membrane is raised in the form of a zone, and is intimately connected with the epidermis. When the pus forms, it separates the epidermis from the subjacent adventitious membrane.

When the pustules burst, or are broken, secondary inflammation is set up, the corium is destroyed, and the subjacent cellular tissue sloughs, leaving a deep red excavation, which forms the small-pox pit.

We believe that the effect of the plaster is mechanical. It produces absorption of the peculiar secretion which forms the papulæ by an equable and continued pressure, and by a removal of the cause the secondary inflammation never occurs, and its ravages are thus prevented. That this is the *modus operandi* would seem to be proved by the fact, that the remedy loses its effect if not applied before the pustular stage. The mercury may have, besides, a specific effect, by stimulating the absorbing vessels.

CASE OF

EPILEPTIC CONVULSIONS,

ARISING FROM FRACTURE OF THE SKULL AND EXTENSIVE LESION OF THE BRAIN.

By GEORGE P. MAY, M.D., *Maldon.*

THE history of this case is comprised in the following particulars, obtained from the friends of the patient:—

William Ford, aged 29, had enjoyed a good state of health until the summer of 1834, when he received an injury on the forehead from the bursting of a gun, whereby he was knocked down, and lay insensible for half an hour. The wound healed imperfectly, and remained in an irritable condition some time, and a few small pieces of bone were discharged from it. About six months subsequent to the accident, he was attacked with fits, which were described as being very violent in their nature. From these he recovered in a few days, and suffered no inconvenience, except from occasional pain in the head. He first came under my care in August, 1837. He then had a smart attack of rheumatic fever, which terminated in his convalescence, without presenting any feature beyond the ordinary symptoms of that disorder.

On the night of October 4th, in the same year, he went to bed in his usual state of health; and was discovered, about half-past twelve, on the floor, in violent convulsions. On visiting him, about one, P.M., his struggles were so tremendous, that several men were necessary to keep him in bed, and to prevent him from injuring himself. The accession of the fits was marked by a tetanic contraction of every visible muscle: to this succeeded immediately severe convulsive efforts, the fits recurring at intervals of about a quarter of an hour, and lasting from three to five minutes at a time. During their continuance the face was swelled and livid, and much foam was ejected from the mouth. In the intervals he lay in a semi-comatose condition; breathing somewhat stertorous; pupils sensible to light; pulse full and bounding; head very hot. He was bled to ℥xl, the head shaved, and an evaporating lotion applied.

Seven, A.M. Fits as frequent, but not so violent. The left side appeared now to be more convulsed than the right; pupils dilated; pulse full and frequent. Bled to ℥x, and a blister applied to the nape of the neck.

Two, P.M. Since the last report has had but two fits, which were succeeded by great jactitation of the head, and some disposition to bite.

Six, P.M. Has had two more fits; one very violent: remains insensible, but swallows gruel, which was offered him, with avidity. To have a strong aperient immediately.

Oct. 5. At the visit this morning he was quite sensible, and answers questions rationally; has no recollection of what has passed, and complains of pain "and queerness in the head." Pulse rapid; skin hot and dry; tongue coated with a moist white fur; the bowels have been freely moved by the cathartic; has had no return of the fits during the night, but is reported to have been very restless. From this condition he soon recovered; and, ere long, was able to resume his ordinary avocations, those of agricultural labour. For more than three years his health continued tolerably good; and, during this period, I am not aware that he had any particular ailment, beyond a slight febrile attack, with some disorder of the digestive functions.

On March 4, of the present year, my attendance was requested, as he had experienced a return of his old disorder. The symptoms were similar to those already detailed; but more distortion of the muscles of the face was observed. The convulsions continued, at intervals, for two days, when he became comatose, and died sixty hours after the seizure.

Sectio capitis.—A slight scar was visible in the skin, a little above the right superciliary ridge. This was stated by the attendants to be the mark of the wound received by the bursting of the gun. Corresponding with this, and immediately above the right frontal sinus, a piece of the frontal bone was found fractured: the portion was irregular in shape, and nearly the size of a sixpence. It had suffered little displacement. Its edges were quite smooth, as were those of the surrounding bone, but no attempt at union could be perceived. A spicula, half an inch in length, evidently a piece of the internal table, protruded from the fractured portion horizontally into the brain, or rather into an excavation of the organ, about the size of a blackbird's egg. This cavity was lined with a yellow granular deposit, tough, and of a semi-cartilaginous consistence. Three or four spiculæ, of smaller size, and of new formation, were observed shooting from the inner table, around the fractured part. The dura mater terminated abruptly at the edges of the excavation. There was a copious effusion of lymph under the arachnoid of the right hemisphere; bloody serum in the ventricles; and an erosion at the under part of the left anterior lobe, lying on the ala minor of the sphenoid bone, about half an inch in length and a quarter in breadth; its base was tough and membranous.

This case is an additional instance to those already on record, illustrating the amount of injury and disorganisation which the brain will sometimes suffer without life being destroyed, or its peculiar functions being permanently interrupted. In ordinary cases of fracture with depression, it frequently acquires a capability of accommodating itself to the change in the shape and size of the skull which such injury produces. In the present instance, this peculiar tolerance is especially remarkable; as there can be no doubt that the dura mater and brain were lacerated so long back as the period of the accident; and by the protruding spicula a constant source of irritation must have been kept up, which ended ultimately in the total destruction of that portion of the organ in its immediate locality. The want of union in the fractured part, although in nearly direct opposition, is also a circumstance worthy of notice.

ON A PECULIAR DEFORMITY OF THE CHEST IN INFANTS.

To the Editor of THE LANCET.

SIR:—Perceiving, in the last Number of THE LANCET, the report of a paper, read by Mr. Snow before the Westminster Medical Society, on "a peculiar deformity of the chest and spine in children," which, I find, is the same I had previously pointed out in the "Medical Gazette," Jan. 12, 1839; of which I presented an example before the London Medical Society on Feb. 12, 1839, and which was noticed in No. 24 of THE LANCET of that year, under the head, "Peculiar deformity of the chest in infants;" I shall feel obliged if you will allow me to repeat, through the pages of your extensively-circulated Journal, my conviction that such deformity is dependent upon a morbid condition of the lungs.

That the deformity mentioned in Mr. Snow's paper is the same as I had noticed in mine, I gather from the similarity of the sentences describing it, which, considering that Mr. Snow had not, of course, read my paper, since he did not refer to it, is somewhat singular. Thus, Mr. Snow says, "The chest became depressed laterally, the sternum projected forwards, and a *channel* was left down each side of the thorax, where the cartilages united to the osseous portions of the ribs." I had stated before, "The deformity consists in a depression existing at the line of union between the ribs and their cartilages, in consequence of which the arched form of the front of the thorax is lost, and a *channeled* appearance, external to the sternum on each side, produced."

Again, Mr. Snow says, "And the sides of the chest were pressed further in during inspiration, and returned again during expiration; thus the motion of the ribs became the reverse of the natural one." I had before written, "At the moment of inspiration, they (the ribs) being forced inwards instead of drawn outwards, and thus the size of the thorax transversely diminishing, instead of being augmented." No doubt, therefore, can be entertained, that the cases alluded to by Mr. Snow and by myself are the same.

There are several reasons why I cannot agree with that gentleman as to the cause of such deformity being enlargement of the abdomen. Firstly, Because I have seen cases where there has been very inconsiderable enlargement of the abdomen; and where, nevertheless, the deformity has been very distinct.

2ndly. I see infants and young children with the abdomen much enlarged, where no such deformity exists; and, therefore, cannot think "the degree of deformity is always in proportion to the enlargement."

3rdly. The altered movement of the ribs in respiration is very common in the course of diseases of the lungs in children, without any tumidity of the abdomen, or any deformity of the chest.

Neither can I agree with Dr. Chowne and Mr. Chance, that it is a scrofulous affection. Rickety or strumous malformation of the chest, which is very common in children, is shown by lateral contraction, as in other cases of rickets the bones themselves are distorted; and hence the alteration of form

takes place near the centre of the ribs, and not unfrequently is popularly attributed to compression of the infant by holding it under the arms in improper nursing. Such rickety change of form may be combined with disease of the lungs, and then the altered movements of the ribs will be present as well. Such cases have been mentioned by my brother years ago, in a popular work he wrote at that time.

From the first I imagined, and still am of opinion, that the altered movement of the ribs during respiration arises from disease of the lungs, rendering them solid, and unable to expand at the moment of inspiration; and, I believe further, that the deformity is produced by the continuation of such diseased state of the lungs resulting in atrophy, to a greater or less degree, of these organs.

That the altered movement of the ribs is in no measure dependent upon the altered shape of the chest, but upon the state of the lungs, may be ascertained by any one who has the opportunity of watching the first efforts at respiration made by the infant born in a state of asphyxia. During the first two or three contractions of the diaphragm, until the lungs are duly filled with air, this abnormal movement of the ribs is perceptible to a remarkable extent, and is no longer observable when these organs are fully expanded. In some instances, indeed, in these infants, though revived, the lungs remain partially solid for weeks or months after birth; a fact first mentioned by Professor Joerg, of Berlin; and, in these cases, I believe the altered movement of the ribs will continue as well, and prove a constant diagnostic symptom.

But this inversed action of the ribs in inspiration is by no means uncommon in infants attacked with inflammation of the lungs after birth; nay, I feel persuaded, in cases of acute broncho-pneumonia, or in cases of pneumonia attacking both lungs, it is seldom absent, and should be looked for and regarded as a symptom in forming an opinion on the case.

Moreover, in obstruction of the primary air-passages, when sufficient to hinder a full expansion of the lungs, the same altered movement of the ribs is often, if not always, present. Thus it is perceptible in the later stages of croup; and, I apprehend, is alluded to by Dr. Copland (when describing that disease), as "a drawing upwards and inwards of the epigastrium;" and I have generally found it in those instances of tubercular enlargement of the bronchial glands, so ably described by Dr. Clark in his work on pulmonary consumption.

The cause of this altered movement is attributed, both by Mr. Snow and by myself, to the action of the diaphragm; which, as Mr. Snow had, of course, not read my paper, renders it probable that the reference is right. His words are, "the action of the diaphragm, which pressed down the abdomen, and at the same time drew up the cartilages of the lower ribs during each inspiration, made room for more air than the lungs were inclined to receive." My explanation is, "When the diaphragm contracts in inspiration, either one of two things must occur—either the descent of the muscle must bear an exact relation with the limited expansion of the lung, or the space which would result from its descent, the lung not expanding, must be filled by a temporary contraction of the walls of the chest, and hence the altered movement of the ribs."

My belief that the deformity of the chest is the consequence of disease of the lungs, mainly resulting from observations in the examinations I have made, I can only offer my post-mortem experience in opposition to Mr. Snow's. That gentleman states, "the lungs were healthy in all the cases except *one*;" which is not very satisfactory, since he previously mentions he had only in *two* cases the opportunity to make an examination. It was mentioned, in my first paper, that I had met with and examined four cases, in all of which the lungs were more or less affected; and since then I have opened several children with the same deformity, and have invariably found the lungs diseased.

Another reason why I should be led to differ from Mr. Snow is, the unsatisfactory way in which he accounts for the enlargement of the abdomen of which he speaks. In the cases he examined no mesenteric disease was present; nor is there mention of other structural change made, but "the enlargement depended chiefly on elongation and distension of the colon." Elongation! why, how often, in the dissecting-room, is an appendage to the colon found present, between the sigmoid flexure and rectum, of a foot in length, and yet no alteration in the shape of the thorax visible! And I am at a loss to imagine a distension so considerable and so constant in the infant, as to effect a change of structure so great as that under consideration.

"The sudden stoppage at the throat to the further access of air," mentioned by Mr. Snow, is a very common, but not a constant symptom; for, in the worst cases, it is absent sometimes. In other words, these infants are usually the subjects of laryngismus stridulus: an affection, the paroxysms of which, when it is not caused by disease at the base of the brain, I believe are owing to a momentary loss of equilibrium between the effort at inspiration and the capacity of the lung to receive air; and on which point I intend to enlarge hereafter, if you will allow me again to trespass on your pages. I cannot think that this sudden stoppage "is a voluntary or instinctive effort;" for I have known it prove, in seve-

ral cases, instantly fatal; neither do I believe it results from approximation of the posterior palatine arches, and the pressure of the root of the tongue at the same time against the palate. I consider it *is* a spasmodic closure of the glottis, as in other instances of laryngismus stridulus, effected, probably, as supposed by the late Dr. Hugh Ley, by excitation of the recurrent nerve.

With every apology for taking up so much of the valuable space of your Journal, I am, Sir, your obedient servant,

GEORGE A. REES, M. R. C. S.

5, Artillery-place, City-road,
March 22, 1841.

VERATRINE.

WOOD-ANEMONE, OR WILD WIND-FLOWER; A SUBSTITUTE FOR SABADILLA, OR VERATRINE.

To the Editor of THE LANCET.

SIR:—As the wild wind flower or wood-anemone, which is too commonly known to need description, will appear in the woods next month, I wish to make a suggestion which may save expense to some of the profession and their patients, and which I have discovered in the course of compiling a new medical herbal, and pursuing some years' study of medical botany; a pursuit of great use and profit to the eclectic physician, who is desirous of success in diseases of very difficult cure.

It appears to me that certain preparations of anemone would supersede the very expensive preparations of the tincture and extract of sabadilla and veratrine, which are now used by one of my early preceptors, Mr. Liston, and others, as external irritants and watery purges in amaurosis and eye-cases. It is worth trying in dropsies, and, perhaps, in deafness. We have no experience of the use of the anemone, but it is much used on the continent. In consequence of English country practice being a common routine of one method in all diseases, the resources of medical botany are scandalously neglected. I have made trial, but not a fair trial of it in a case of amaurosis, in Mr. Woodruff, of Chepstow. The officinal preparations of the wood-anemone (*anemóne nemorósa*) are a watery and alcoholic extract. These are made by several nations on the continent: they make a powder of seven to fifteen grains with one drachm of white sugar, of which the dose is twenty grains, gradually increased to three drachms daily; they also add sixteen grains to ʒiss of wild valerian: divide into eighteen powders, and give one powder daily in water, increasing gradually, in gutta serena and amaurosis. The infusion of meadow anemone is made by putting from one to four drachms of the roots into one pint of boiling water, adding ℥j of sugar; dose ℥iij or iv three times a-day. The distilled water is also made, and given from two drachms to ℥ss twice a-day.

I have greatly reinforced my resources in the treatment of long-standing, knotty, and difficult cases, by my last five years' acquisitions in the knowledge of medical botany and herbs; gained partly by books, but more particularly by communication with the Anglo-Welch people; it is to the people and their accidental discoveries, and never in this world to the regular profession, that we are indebted for the knowledge of every valuable remedy that has been discovered. What have ever been the conduct and the bearing of the profession towards all discoverers and discoveries, the trumpet of bad notoriety has loudly proclaimed!

It is extraordinary to know, by personal observation, the great success of Anglo-Welch and Welch village doctors, and what are called quacks, after the failure of the common routinists in dropsies, scrofula, and various cases in which the common routine is worse than useless. Having been a regular case-taker for thirteen years, I was glad to see a capital paper in THE LANCET on case-taking. Moreover, was this more general, as you well observe, "the SANGRADOS and PARGONS could exist no longer in nature, and would only survive in the immortal ridicule of Le Sage and Molière."—(LANCET, Jan. 30.)

Yours ever,

JOHN FOSBROKE, M.D.

Ross, March 19, 1841.

TREATMENT OF PRURITUS ANI.

To the Editor of THE LANCET.

SIR:—A correspondent inquires, through your excellent Periodical, the best method of curing pruritus ani. It has already been replied to, but, I am fearful, in part unsatisfactorily; nor do I see how it could be otherwise, as it will be found to proceed from various causes, locally and constitutionally. In proof of which, on referring to my notes upon the subject, I find the three first cases of simple pruritus recorded are totally different.

In the first, the cause of the pruritus proceeded from two slight ulcers. Ointments and lotions had been recommended; no examination being previously made; satisfied by knowing there was an "itching." Here, I believe, the solid nitrate of silver, from experience, is the very best remedy; applied, by simply touching the ulcers with the blunt extremity of the caustic, every alternate morning. It occasionally causes some pain; but it is quickly followed by a coolness of the part, and a great diminution, if not a total subsidence, of the itching for that day; and, finally, effects a complete cure. The length of time depends much on the habits and constitution of the patient.

In the second, the pruritus arose from a very slight excrescence: I have found two or more existing. These I first snip off, and then touch the bases with the butter of antimony, or nitrate of silver; either of which quickly effects a complete cure.

In the third, the pruritus was found to be caused by the lower part of the gut being studded with small white elevations—pimples. Either of the three following applications will rapidly bring about a cure: first, a strong solution of acetic acid in water; or, secondly, a strong solution of the bi-chloride of mercury; or, thirdly, a solution of sub-borate of soda. The latter was very strongly recommended by Dr. Dewees; and I have always found it answer well, where the patients reside at a distance, and I have been prevented from knowing the condition of the parts: I have, on many occasions, ordered them to foment, and directly after to introduce the ointment of nitrate of mercury diluted, the size of a nut every night; and take, the following morning, a good dose of Ward's paste, carefully prepared after Gray's formula, with the best result.

Old women, in the country, order the use of "rope-yarn,' untwisted; which would suggest to us tar ointment; but as I do not remember ever being baffled in a single case by the remedies I have related, I have not had occasion to try its merits. But, in conclusion, I must strongly recommend that any irregularities of the constitution be righted, and also warm fomentations frequently used, or our remedies will avail us but little.

For the present, I must leave the subject to others, who may be willing to devote a little of their spare time to the subject, and perhaps will enter more deeply into the subject on a future occasion. I have the honour to be, Sir, your obedient servant,

J. H. Horne, Surgeon, &c.

5, Boyle-street, Burlington-gardens,
March 9, 1841.

To the Editor of The Lancet.

Sir:—I am somewhat surprised at so much being said, in the pages of The Lancet, about that simple, though troublesome, complaint, "pruritus ani." I have been a severe sufferer from it myself; but neither in my own case, nor in many others, have I found any difficulty in curing it. Of course, eczema, and the irritation arising from the presence of ascarides, require each a different treatment; but the itching which induces one to scratch till the part is raw, and the pain intolerable during sleep, I have always found to yield quite readily to three or four doses of the ordinary lenitive electuary; and the application, night and morning, of a cooling ointment composed of—

Spermaceti ointment, ℥ss;
Prepared chalk, ʒss;
Liquor of the subacetate of lead, ft xx; M.

From two to eight days generally complete the cure. I am, Sir, yours obediently,

Henry Barham Harris, M. D.,
Physician to the Dumfries and
Maxwell-town Dispensary.
Dumfries, Feb. 27, 1841.

A correspondent, H. P. S., has found new oakum, or any preparation of tar, a valuable remedy in this affection; perhaps a lotion of creosote, or creosote ointment, might be found serviceable.

To the Editor of The Lancet.

Sir:—Your correspondent J. H. solicits the suggestion of a remedy for the above very troublesome complaint. Although very common among children, it is not so among adults; but, for the last half century, I have been a painful witness that it is sometimes, and I believe generally, in adults incurable.

I have tried every remedy from turpentine enemata to frequent aloetic purgatives; and I believe that, in most cases, temporary relief may be had by occasional purging with extract of colocynth, continued for four or five days successively; and, at the same time, taking every morning a small dose of sulphate of magnesia; and daily injecting, far up the bowels, a solution of sulphate of iron in decoction of aloes. This treatment will bring away many worms, and will insure comfort for two or three months, or perhaps longer; but I fear the complaint does not admit of radical cure; and, trifling as it appears, I must acknowledge that it has added not a little to the discomfort of a life now hastening to its close. I am, Sir, respectfully,

An Old Physician.

To the Editor of The Lancet.

Sir:—A correspondent, in a late number of your valuable Hebdomadal, who signs himself J. H., states that he has a patient suffering from "pruritus ani," occasioned by ascarides, and desires to know an effective mode of treatment for removing them; I, therefore, beg to direct his attention to a very certain and innocent remedy; viz., the dolichos pruriens of Linnæus; which was, I believe, introduced to the notice of the profession by the late Mr. Chamberlaine, of Clerkenwell, who published a practical treatise on the superior efficacy and safety of cowhage in diseases occasioned by worms; and having frequently had recourse to this remedy in the form of an electuary in my own practice, I am able to bear testimony of its success in com-

pletely exterminating those annoying and debilitating vermin from the mucous membrane of the intestines.

The following is the form in which I have been accustomed to administer it—

℞ *Dolichos pruriens*, ʒiij ;
Treacle, ℥iv ; M.

A tea-spoon, dessert-spoon, or a table-spoonful to be taken night and morning (according to the age of the patient), upon an empty stomach. It is necessary to continue the remedy for ten days or a fortnight; during which period a dose of scammony and calomel should be administered twice or three times, to remove the dead worms which may cling to the rectum. I am, Sir, your obedient servant,

EDWARD DIXON, Surgeon, &c.

Nelson's-crescent, Ramsgate,
March 20, 1841.

UNIVERSITY COLLEGE HOSPITAL.

DIFFUSED POPLITEAL ANEURISM.—OPERATION.

Jeremiah Tomkins, ætat. 35, a coal-heaver, of good conformation and sanguine temperament, accustomed to drink large quantities of porter, was admitted into the physicians' wards, and he made the following statement of his case. About five weeks ago, he first observed a small throbbing, painful swelling on the inner and back part of the left thigh, at the beginning of its lower third. He took no further notice of this for three weeks, when he was obliged to lay up, the tumour having increased in size. At this period he felt severe pain in the knee, extending down the back of the leg to the foot, and upwards as far as the hip; but there was neither redness nor diminished sensibility in any part of the limb. A medical practitioner, to whom he applied for assistance, thought that he was suffering from rheumatism; and, for the cure of this, salivated him, without any beneficial result. Three days ago, the patient observed a sudden increase of the swelling about the knee, especially in the popliteal space, and extending down the back of the leg to the foot; the calf of the leg was much swollen, and there was almost total loss of motion and sensation in the parts below the knee.

Oct. 17. A careful examination of the limb having been made by the physician, the true nature of the case was ascertained, and the patient was transferred to the care of Mr. Quain (Mr. Palmer, and, subsequently, Mr. Canney, dressers). There is now a slight degree of flexion of the knee-joint; pain extending down to the foot, and upwards to the hip; diminution of the power of motion and of sensibility in the limb below the knee, and considerable œdematous swelling of that part. There is no appreciable difference between the temperature of the two limbs. The tumour is about four inches in length in the popliteal space, and extends a little in the course of the femoral artery on the inner side of the thigh. It forms a large prominence in the latter situation; and the muscles, viz., the semi-tendinosus, semi-membranosus, and sartorius, are pushed inwards from their ordinary position. The whole surface of the tumour is very tender and painful on pressure; and over it is felt a slight pulsation, which is completely arrested by compression of the femoral artery. The entire of the tumour and part of the limb are discoloured, evidently from the effusion of blood into the cellular substance. The patient complains of a pricking sensation in the leg; the tongue is coated with a brown fur; the breath has the usual mercurial fœtor (caused by the treatment previous to his admission into the hospital); the countenance has a peculiar pale sickly hue; pulse 110, full, but compressible. The nature of the case being very evident, it was determined, in consultation between Mr. Cooper and Mr. Quain, that the operation should be performed at once.

Operation.—The patient being placed on the operating table, Mr. Quain began the operation by an incision over the femoral artery, extending from about two inches below Poupart's ligament downwards for three inches. Effused blood being observed under the fascia lata in the lower part of the wound, the artery was laid bare, and the ligature was placed on it, near the upper angle of the incision. No vein or nerve was exposed during the operation; after it the man was put to bed, the limb elevated and covered with flannel.

Vespere. The edges of the incision are brought together by suture and strips of isinglass-plaster. The patient being restless, he is ordered to have half a grain of muriate of morphia in a draught.

18. Slept little during the night; the temperature of the limb somewhat diminished, but still higher than in the other leg; tumour in the ham softer and less painful; swelling of the leg diminished; pulse 120. Ordered to take the following draught every two hours :—

℞ *Bicarbonate of potash*, gr. xx ;
Tartaric acid, gr. xij ;
Antimony wine, M. xx ;
Water, ℥j. M.

20. Edges of the incision nearly united; a slight discharge of pus in the situation of the ligature. The temperature of the left thigh below the incision is 88°; in the sole of the foot 86°; in the right thigh 90°. To have a dose of castor-oil.

21. Temperature of the limb not diminished; sensibility improved; no pain in any part; tumour diminishing; pulse 102; bowels open; tongue cleaner.

25. Swelling of the limb below the tumour is quite gone, and the tumour itself is diminishing; temperature of the limb unchanged; sensibility of the parts below the ankle very indistinct; discharge of pus from the wound continues, but in a diminished degree.

Nov. 3 (seventeenth day). The ligatures came away this morning; the patient is gradually improving.

5. In all respects better. A compress is applied over the situation of the tumour, and the limb bandaged from the toes to the groin.

15. The remains of the tumour are gradually diminishing; the patient complains of slight uneasiness about the ankle-joint, and inability to move it; sensibility perfect; temperature of the limb natural, and the patient's general health very good; wound quite healed.

30. The swelling and induration continue to decrease, and the outline of the muscles at the lower part of the thigh is becoming well defined; two or three small discoloured patches are observed in the course of the tibia, produced by the pressure of the bandage. He is ordered to keep the limb more elevated, and to discontinue the bandage.

The discolorations gradually changed to superficial ulcers, which, owing to the languid state of the circulation in the limb, were a long time in healing; when quite healed, the cicatrix of each had a very dark appearance.

During the extremely cold weather about Christmas, some vesications, ending in superficial sloughs, formed on the side of the great toe; the sloughs involved only the integument, but they were very slow in healing. The limb has been all through carefully covered with flannel, and its temperature has invariably been very good.

At the beginning of March the sores were all quite healed; no traces of the tumour remained about the knee or thigh; the outline of the muscles as well defined as in the other limb, and their action free and unimpeded. A bandage being applied to the foot and leg, he was allowed to get up and walk about; at first he had little power to move the foot, but in a few days he recovered the motion of it to a great extent.

March 12. He is able to walk without any support, and is discharged cured.

Memorandum.—Since the application of the ligature, pulsation has not been perceptible in any of the arteries below the point at which it was applied.

OPERATIONS FOR STUTTERING.

To the Editor of THE LANCET.

SIR:—Belonging to a class which is daily increasing, viz., that portion of society which is known as "the most gullible of her Majesty's liege subjects," I have submitted to an operation for the cure of stammering, and have read with regret in yours of the 20th inst. the article "Stammering v. Squinting," in which your correspondent holds out no hope for the eradication by the knife of that most painful and harassing defect, and in that opinion you fully bear him out in your editorial remarks.

Having at one full swoop demolished all the present modes of cure, will he suggest something for the relief of us unfortunates, and not suffer us to linger from year to year, open to the attacks of any new experimentalizer and discoverer who may obtain the assistance of the "Leading Journal of Europe."

It is clear, the causes of stammering primarily arise from the state of the nervous system; and surely your correspondent, who is evidently a shrewd observer, can suggest some remedy, either to alleviate our sufferings, or to assist us in the removal of the hesitation by our own exertions. Will he oblige us with his opinion on this momentous subject?

Trusting you will spare a small portion of your pages for the insertion of these lines to draw his attention to the state of this neglected branch of surgery, I remain, Sir,

One who has had his Uvula snipped, his Tonsils excised, and will probably have his Frænum divided, if he can but get cured.

March 23, 1841.

ASPHYXIA.

To the Editor of THE LANCET.

SIR:—At p. 883 of THE LANCET you have inserted a communication from Mr. Serle, of Bath, on the subject of asphyxia; one that has but feebly roused public attention, and certainly received little benefit from science.

I am not aware that Mr. Serle has added any thing new, or that I have omitted in my pamphlet on suspended animation; but every contribution in relation to the question is valuable. I trust, on the principle of *suum cuique*, you will allow me to claim for myself the *priority* which belongs to me, as having been the first individual who ever proposed to inflate the lungs with *warm air* (raised to the animal temperature) in an invention, wherein the *syringe* is substituted for the *bellows*. I have yet to learn that this instrument has been, in any way, *improved*; and, unquestionably, my method of heating the air is every way superior to the "Etna." I presented one of these machines to the Royal Humane Society, and the only question as to their *universal* adoption was that of *cost*; the bellows, it was *rejoined*, being the least costly of the two! I am respectfully, Sir, your obedient servant,

J. MURRAY.

March 20, 1841.

THE LANCET.

London, Saturday, April 3, 1841.

THIS is not the place to discuss the general principles of the new Poor-law, or its administration; but there are some questions relating thereto in which the Medical Profession is interested, and others which cannot be decided without the information which medical practitioners alone can furnish. To a few of them we invite attention.

We are not going to compare the results of the new law with the state of things in existence before it came into operation, but to try the tree by its own fruits. It was baptised in the cradle as "The *Poor-law Amendment Act;*" it was proposed as *a remedy*. Now, it has been in operation seven years, and what has it cured? What has the sovereign panacea done for pauperism? Its provisions have been fearlessly enforced. We give the Poor-law Commissioners credit for energy and perseverance; the law has been thoroughly carried out, and the working-classes have been driven to the brink of madness and rebellion; but has property been rendered more secure, are the higher classes happier, or has the wealth of the country increased more rapidly than it did before the law was "amended?" Is there less misery in the land?

The Poor-law Commissioners in their ingenious reports have one answer to these inquiries, and that is founded upon figures. The "monies expended for the relief of the "poor amounted to £33,773,000 sterling in "the five years before the Act came into ope-"ration; and to £22,840,000 in the five years "ending March, 1839. The total *saving in "the expenditure for the relief of the poor* "since 1834, as compared with the total ex-"penditure in the five preceding years, was "£10,933,000!" The allowances were stopped; and as the shadow of the Commissioners' power fell on parish after parish, the labourer with a large family was thrown upon his own resources; the widow and the fatherless lost their bread; and the grey-haired man was dragged from his native village and immemorial hearth to a distant union workhouse, to encumber the strange churchyard. £6,791,000 were expended for the relief of the poor in 1832-3; and £4,915,000 in 1836-7. What became of the poor wretches who had subsisted on the £2,746,000? This is a kind of statistical information which the Poor-law Commissioners have not had the curiosity to obtain, or cared to supply,—like certain quack doctors who administer their nostrums, and never inquire after the fate of their patients.

The immense reduction of the poor-rates was effected by means of the *workhouse-test*, and the *union system*. We will discuss, by-and-by, the question, whether it was a just or humane policy to reduce the rates to this extent; but it will be convenient first to inquire whether, assuming that the reduction was expedient, the *workhouse-test* was a proper instrument to be employed? If relief under the Poor-law be looked upon as charity, was it requisite, in order to lessen the amount of the national charity, to bring the workhouse-test into operation? A private individual is at liberty to give away what sums he pleases in charity; he may be charitable, nay, kind-hearted, and yet reduce his alms-giving one-half; whatever he continues to give, he will give in the manner most agreeable and acceptable to the recipients. He regrets that he can give no more, pours the balm gently on the wounds of his brethren, and takes care that his gifts shall go as far, and confer as much happiness, as possible. Now, we can see no reason why the conduct of the nation should be different. The State may say, "We will "give £2,000,000 a-year less to the poor; we "will give £7,000,000 a-year no longer;" but in doing this, was it necessary to attach a harsh, distasteful, destructive test to the receipt of the residue of its relief in charity? It would have been a manly course in the Commissioners to declare, "We will cut off "the small allowances of the poor, and re-

"duce the rates which are a burthen to the "country." It would have been straightforward to tell the paupers, "Our doctrines of "population teach us that the parish relief "which you obtain is injurious to your charac- "ter, and fosters the misery which it was des- "tined to remove." But what was the course actually pursued? Relief was still offered in the *workhouse*, on terms which it was known would not be accepted by great numbers. The *workhouse* was made the test of destitution. The Commissioners laid down the rule, that the "distribution of "*relief in money or goods, to be spent or con-* "*sumed by the pauper in his own house*," is inconsistent with the principle that the condition of the pauper ought to be, on the whole, less eligible than that of the independent labourer. The workhouse system fulfils this condition, and as respects the able-bodied labourers, its efficiency, they say, is generally admitted.

"With regard to the *aged and infirm*, however, there is a strong disposition on the part of a portion of the public so to modify the arrangements of those establishments, as to place them on the footing of *almshouses*. The consequences which would flow from this change have only to be pointed out to show its *inexpediency and its danger*. If the condition of the inmates of a workhouse were to be so regulated as to invite *the aged and infirm* of the labouring classes to take refuge in it, it would immediately be useless *as a test between indigence, and indolence, or fraud*. * * * If the views of those persons who desire the conversion of the workhouse into an almshouse were to be carried into effect, not only would *all the aged of the labouring class be maintained at the public expense, and the burthens of the community be thus enormously increased*, but the habits of forethought and industry in the young would be discouraged, and finally extinguished."

In another passage of the Report, on their own continuance, they say, in reference to labourers with large families:—

"The only sure mode of ascertaining whether the total receipts of the labourer are really sufficient for the maintenance of himself and his family, is to offer, in lieu of them, an adequate but less eligible maintenance, which will *not be accepted unless necessity requires it. This can be effected by the offer of the workhouse, and by that only.*"

It has been a principle in this country, from the days of ALFRED, that England should be divided, for various purposes, into districts, with a limited population, capable of acting in combination, and having some personal knowledge of each other's character, derived from the relations of master and servant, the division of labour, trading transactions and social intercourse. By the Act of ELIZABETH, one of these divisions —the *parish*—was entrusted with the relief of its own poor; and labour was made the condition of relief in the able-bodied. But with the limited population of parishes in those days, the parish officers, overseers, churchwardens, clergymen, and justices, must have had some knowledge of the circumstances of the poor; and the amount of relief appears to have been regulated by that knowledge, for reference is made to the rogues, and vagabonds, and sturdy beggars, as distinguished from the deserving poor. The law was imperfectly executed; the population of town parishes increased rapidly, and, as they were not subdivided, the poor were no longer known to the parish officers. The workhouse-test, introduced and carried out rigidly in some of the metropolitan parishes, with the effect of lowering the rates, was applied, on the recommendation of the Commissioners of Inquiry, to the whole country by the Poor-law Amendment Act.

The parishes with a small population were assimilated to the large overgrown metropolitan parishes; unions were formed; the poor had no longer to do with their neighbours, the ratepayers, but with unsympathising strangers; they had to travel to a great distance, and to appear before Boards of Guardians urged to every kind of severity by the doctrines promulgated in the reports, and enforced by the rules of the Poor-law Commissioners. The country was covered with workhouses, from which the destitute have, in many cases, sought refuge in jails, in suicide, or in the murder of their offspring. The paupers, wherever it was practicable, were denied relief out of the work-

house; and the Commissioners made sure that the destitute would never be driven into the workhouse but by dire necessity. The workhouse-test is the basis of the present law; and the objections to it, derived from the nature of the system, and from experience, are so insuperable, that we are utterly astonished that anybody should continue to sustain its utility by argument for a single moment.

The workhouse-test, under a better system, would be unnecessary. The wants of the *aged, infirm*, and fatherless, are well known to their neighbours. No test is necessary to establish their poverty. Why, then, drag them, against their will, from their relatives, who can partially support them, to test their necessities by the alternative of starvation or a prison, separation, and every thing that is revolting to their feelings? No test is required to prove the necessities of the sick labouring under chronic diseases; but the Commissioners evade these obvious questions, fly from the point, and boldly aver that, without the workhouse-test, "*all the* "*aged* and infirm of the labouring class "would be maintained at the public ex- "pense." They forget that before the workhouse-test was introduced, "all the aged of the labouring class" were *not* maintained at the public expense. The labouring poor of England have always looked upon parish relief as a humiliating necessity; and the majority of the aged have always resorted to every shift before they have become "*burthensome*" to the community. And, after all, they are not many; the "burthen" of its worn-out labourers is not one which the country should refuse to bear. It is notorious that the money now expended on the aged and infirm in workhouses, would, with the assistance of their relatives, and their small earnings, support double the number in twice as happy a state out of doors. The danger of making the workhouses almshouses to the aged and infirm, who have no children or friends, and prefer residence in the house, is visionary, because the parish authorities can always limit the number of admissions. But if the aged and infirm were relieved out of doors, or admitted into workhouses, where their feelings were consulted, "habits of forethought and in- "dustry would be discouraged, and, finally, "extinguished in the young!" The desire of bettering their condition, and of independence, would, we maintain, on the contrary, be strengthened by the help and encouragement afforded in age, infirmity, and inevitable misfortune. Nothing discourages the struggling labourer so much as despair. Hopelessness makes him improvident. The destitute Irish and the Highlanders of Scotland, should, according to the doctrine of the Commissioners, be more independent, provident, and industrious than the English peasant, as no hope of relief in sickness, infirmity, or age, ever crossed their path, seduced their minds, or extinguished habits of forethought in the young. The reports on the state of the poor in Ireland, and the writings of Dr. Alison, prove that this is the reverse of the truth.

The destitution of the able-bodied is easily ascertained in the majority of instances, without the application of the workhouse-test, which may in every case be superseded by the *labour-test*. The Poor-law Commissioners, singularly enough, quote, in support of their views, a letter of the Duke of Wellington, which asserts most explicitly the adequacy of the labour-test in the extremes of a famine in India. "Those who "*cannot work*" (including old persons, children, the sick, and persons unaccustomed to labour), says his Grace, "*ought to be taken* "*into an hospital and fed*, and receive *medical* "*aid and medicine*, at the expense of the pub- "lic." Not a word, be it observed, is said about the danger of making them comfortable in the hospital. "Those who can work *ought to be employed by the public*. According to this mode of proceeding, subsistence will be provided for all; the public will receive some benefit for the expense which will be incurred; and, above all, it *will be certain that no able-bodied person will apply for relief unless he should be willing to work for his subsistence; that none will apply who are able to work, and who are not real*

objects of charity; and that none will come to *Ahmed-Nuggur* [where the famine prevailed] for the purpose of partaking of the food *which must be procured by their labour, or to obtain which they must submit to the restraint of an hospital.*"

We conclude, then, that the *workhouse-test* is quite unnecessary; and, in the case of the able-bodied, destitute poor, may be advantageously superseded by the *labour-test.*

It is certain that the wages of the great mass of labouring poor are barely sufficient to supply them with three-fourths of the sustenance which they require; their employers will give them no more; but the disposition to grant out-door relief shows that there is no unwillingness to ensure them a small allowance in case of sickness, infirmity, misfortune, or age. They are in the condition of soldiers, or public officers, a part of whose earnings are set aside to form a superannuation fund; society stopping their wages, and thus making them, by compulsion, contributors to a friendly assurance or annuity society. We believe that this is not bad political economy. It is attended with none of the "danger" which the Commissioners appear to apprehend. It would, perhaps, be better political economy to pay soldiers, sailors, and officers, a higher rate of remuneration, in lieu of pensions; but practical men think differently, and assert that the certain provision against sickness, age, and infirmity, satisfies the provident, and saves the improvident from much misery. The Poor-law Amendment Act, in the hands of the Commissioners, has, to a certain extent, made the parishes so many West Middlesex Companies: they refuse relief from the public fund, to which the labourers of the land have all their lives contributed.

The workhouse is a *bad test.* And this is not disproved by the fact, that it has been the instrument of reducing the rates. If flogging to 100 lashes had been made the condition of relief, it would have had a similar effect. It is true that, with the derisory Amendment Act in their hands, the Commissioners did not say, "Prove the reality "of your destitution, by submitting to the "test of physical torture:" their words and intelligible acts ran, "Prove the reality "of your destitution, by abandoning your "home and your friends in poverty—sell "all the little furniture which you have ac-"quired with so much difficulty—quit the "side of your partner in toil—consent to "give up your children—see your whole "family exposed to the pestilential diseases "of a workhouse—submit to imprison-"ment, and associate with vagabonds in "wards, and sleep with them in beds, or we "cannot admit your claim to relief in the "vicissitudes of winter, or the fluctuations "of trade." Now this test is in every respect bad; it is worse than the direct infliction of pain, because persons are reduced to destitution from various causes; and a vagabond, a sturdy rogue, a heartless villain, could enter the workhouse without any loss, and would be too ready to part from those who had any claim on his affections and industry; while the sacrifice to the unfortunate, hardworking labourer would be inconceivable, tearing up all his best feelings by the roots, and drying up every source of enjoyment left to him by the curse of ADAM,—liberty, self-respect, and family affections.

We have not yet done with the *workhouse-test*; and shall show, next week, its fatal consequences, as the indirect and direct cause of innumerable diseases, and a mortality of which the country has no conception.

TAUNTON AND WEST SOMERSET MEDICAL ASSOCIATION.

We are happy in being able to announce the formation of this institution for the purpose of forwarding *medical reform*, uniform medical education, uniform rights and privileges, remuneration of medical practitioners by public bodies, &c. This constitutes the eleventh medical association for these purposes in the United Kingdom. We trust that we shall soon see an institution of a similar nature in every town in the kingdom; then may we expect the establishment of the profession upon a just foundation,

where no petty interests will admit of the sacrifice of the respectability of the science of medicine by servility to other professions. The Taunton Association already numbers nearly forty members: president, Dr. Woodforde, physician to the Taunton and Somerset Hospital; Charles Hayes Higgins, Esq., secretary. The association have appointed Dr. Granville, of London, to act as the delegate in the medical conference.

A Veterinary Toxicological Chart, containing those Agents which are known to cause Death in the Horse; with the Symptoms, Antidotes, Action on the Tissues, and Tests. By W. J. T. Morton, Lecturer on Veterinary Materia Medica, &c.

The above chart is a valuable contribution to veterinary medicine; and its design and execution reflect great credit both upon its author and upon the college of which he is so useful and distinguished a member.

Mr. Morton is well known to the veterinary profession, and to all who take an interest in the progress of veterinary science, as an industrious and successful labourer; and the work before us displays the methodical and condensive talent with which he is so highly endowed.

In the toxicological chart the subject is arranged under three heads; "irritant poisons," "narcotic poisons," and "narcocito-acrid poisons." In the first column are placed the poisonous substances, with their popular and scientific names; then follow the symptoms which their exhibition induces; the treatment calculated to prevent or relieve their injurious effects; the morbid appearances to which they give rise; and, lastly, the tests by which their presence may be detected after the death of the animal, or in the excreted solids and fluids. The treatment is illustrated by numerous delineations, indicating the change produced by the different re-agents which are to be employed.

We recommend this chart, with much confidence, to our medical friends; particularly to those who, from residence in the country, may be called upon to give an opinion with regard to the probable cause of sickness or death in that most valuable contributor to the comforts of man, the horse. We have no doubt that, in the surgery of the veterinarian, the "Toxicological Chart" will occupy a conspicuous place by the side of another able work by the same author, the "Manual of Veterinary Pharmacy."

A Treatise on the Structure, Functions, and Diseases of the Foot and Leg of the Horse, &c. By W. C. Spooner, M.R.V.C.

This is both a practical and a very interesting volume, and one which evinces much sound information on the part of its author. Like the preceding work, it is a ray of light emanating from that excellent and promising establishment, the Veterinary College; the prosperity and success of which we are most anxious to see fully realised. The publication of a volume like the present certainly speaks well for the instruction which it disseminates; and with a management, founded upon liberal and enlightened principles, we have no doubt of its becoming an ornament to our nation.

The work opens with a general description of the anatomy of the foot of the horse; it next investigates the individual structures of which the member is composed; and then treats, successively, on the tendons, ligaments, vessels and nerves. The physiology of the foot contains matter of much interest, and is ably and pleasantly written.

The author proceeds, in the next place, to discuss the subject of shoeing, the various important inventions contributing to the perfection of that process, their defects, &c.; and compares the mode of shoeing adopted by the French with that in use amongst ourselves. The remaining portion of the work is engaged with the pathology of the foot. The subjects especially treated of in this section are, lameness, idiopathic and dependent upon shoeing; specific diseases; laminitis, or founder; strains; the navicular disease; exostosis; fractures; and operations, particularly neurotomy.

We feel satisfied that Mr. Spooner's work will be perused, with much satisfaction and instruction, by unprofessional as well as by medical readers, and to both we warmly recommend it.

As a specimen of the author's style we select the following paragraph, on the springs in the leg of the horse:—

"Thus we have seen that the leg of the horse is furnished with a vast number of beautiful springs for the purpose of warding off concussion, and that these springs are mostly situated at the posterior part of the limb. First, we have the splint bones, which receive some portion of the superincumbent weight, and which we do not find in oxen; then we have the suspensory ligament, a spring of much greater importance, and whose operation, we have seen, extends

to both fetlock and pastern joints; next, we find the elastic cushion, on which the small pastern rests, and which, though unnoticed by physiologists, is yet of much importance. Within the hoofs we find the sensible and horny laminæ, extending so considerably the surface of connection between the hoof and coffin bone, and greatly diminishing by their elastic connections, as well as by their extent of surface, the concussion of the foot. We have, also, the lateral and inferior cartilages, and the horny and elastic frog; thus affording altogether a collection of beautiful apparatus far superior to any which the most skilful ingenuity of man can devise. For, besides the springs we have enumerated, the bones which enter into the composition of each joint are tipped with cartilage; which cartilage is lined by a delicate membrane, secreting an albuminous fluid called synovia, so that neither bones nor cartilages come in actual contact with each other, the synovial fluid being interposed between them. All the superincumbent weight borne both by the splint bones and suspensory ligaments is again transferred to the cannon bone, so that all the weight of each limb is supported by both pastern bones. Below this, however, provision is made not only for rendering easy the support of the weight, but for transferring a portion of it to the ground without bearing on the extreme bone. It would be impossible to tell correctly the proportion of weight supported by the coffin bone, and that supported by the other parts, because, in addition to the difficulty of ascertaining it in a single case, this difference is perpetually varying in different horses, some bearing twice as much as others on the navicular joint. Perhaps we should be approaching the truth in a majority of cases, by saying that two-thirds is supported by the coffin bone, and one-third by the other parts."

HOUSE OF COMMONS.

Monday, March 29, 1841.

RELIEF OF THE SICK POOR.

After the House had divided on the motion of the hon. member for Oldham, and when the Speaker put the question, "That I do now leave the chair,"

Mr. Wakley rose and said, that the opportunity had arrived when he could, in conformity with the notice which he gave on Friday last, introduce the subject of the medical arrangements of unions to the notice of the House. He was sorry to find that several hon. members entertained an opinion that the discussion, if brought on at that time, would retard the progress of the Bill, and that, consequently, they were opposed to entering upon the consideration of the question at that period. His object was to treat the subject as a distinct branch of the Poor-law arrangements, and he thought that it could not receive proper attention or consideration unless it were so treated by that House. He had not the slightest objection to postpone the discussion to a future day, provided it were distinctly understood that the question should be fully considered at an early period of the evening, and that he should not be forced to bring it on at a late hour of the night, when the patience of hon. members had become completely exhausted. He, in fact, preferred the postponement, in consequence of the absence of the hon. and learned member for Reading, who had received some valuable communications and suggestions from the Provincial Medical Association, and with whom he had attended the deputation to the noble lord, the Secretary for the Colonies, on this highly-important and deeply-interesting question. He was most anxious that the hon. and learned Sergeant should have an opportunity of taking part in the discussion. His (Mr. Wakley's) object was to place the medical arrangements of the unions on a more satisfactory footing, for the purpose of giving some important advantages to the sick poor, and of placing the interests of the medical profession on a more equitable basis.

Lord John Russell said, that he concurred with the hon. member for Finsbury as to the importance of the subject, and as to the expediency of its being discussed when the House was full, and when the hon. and learned gentleman to whom allusion had been made was present. He thought it unimportant whether, when the question was discussed, the Speaker was in or out of the chair; but he certainly thought that the hon. member should have an opportunity of going into the whole question at an early period of some evening, when there might be a full attendance of members; and he would rather facilitate than raise any obstacle to such an arrangement.

Mr. Wakley stated that he was perfectly satisfied with the intimation which the noble lord had given, and he believed that he was now correct in stating that it was the general understanding of the House that the medical treatment of the sick poor of unions should constitute a distinct subject for discussion.

Here the conversation ended, and the House went into committee on the Poor-law Amendment Bill.

CONFERENCE ON MEDICAL REFORM.

At a meeting of the Medical Conference, held at Exeter Hall, on the 1st of March, it was resolved that Mr. Carter, Mr. Farr, Professor Sharpey, and Dr. R. Dundas Thomson, should be appointed a committee, to superintend the publication of the proceedings of the conference. In pursuance of these instructions the committee have prepared the following digest, from the minutes taken by the secretary and the notes of the short-hand writer :—

MEMBERS OF THE MEDICAL CONFERENCE.

1 *British Medical Association*, Dr. Webster, Professor Grant, Mr. Evans, Mr. Davidson, Dr. R. Dundas Thomson.*
2 *Cornwall Medical Association*, Mr. Grainger.
3 *Devon* (*South*), Mr. H. Smith.
4 *East of Scotland*, Professor Sharpey.
5 *Glasgow*, Mr. W. Farr.
6 *Gloucestershire*, Mr. Rumsey.
7 *Irish*, Mr. Carmichael, Dr. Maunsell, Dr. Macdonell.
8 *North of England*, Mr. C. T. Carter, secretary to the conference.
9 *Nottingham*, Dr. Marshall Hall.
10 *Provincial*, Dr. Macartney, Dr. Barlow, Dr. Forbes, Dr. Cowan, Mr. Ceely, Dr. Hennis Green, Mr. Crosse, Mr. Wickham.
11 *Taunton*, Dr. A. B. Granville.†

First Meeting of the Delegates at Exeter Hall, Wednesday, February 3, 1841, *at Eight o'clock, p. m.*

Dr. MACARTNEY, F.R.S., in the chair.

Present—*On behalf of the Provincial Association*, Dr. Macartney, Dr. Forbes, Dr. Cowan, Mr. Wickham, Dr. H. Green.

On behalf of the British Medical Association, Dr. Webster, Dr. Marshall Hall, Dr. Grant, Mr. Evans, Mr. Davidson, Dr. R. Dundas Thomson.

The North of England Association, Mr. Carter.

The Cornwall Association, Mr. Grainger.

The Devon and Glasgow, pro tem., Dr. Webster.

Mr. Carter was requested to act as secretary of the conference.

A letter from Dr. Maunsell was read, stating that it would not be convenient for Mr. Carmichael or himself to attend the meeting of this day, and suggesting that a time should be fixed during the following week.

Dr. WEBSTER stated that a deputation of the British Medical Association had waited upon Messrs. Warburton and Hawes, at the House of Commons, for the purpose of requesting that they would not bring their medical bills into Parliament, until the sentiments of this conference on the subject of medical reform could be ascertained. Mr. Warburton had consented to postpone the introduction of his bill, and Mr. Hawes had intimated that he should move for leave to bring in the measure prepared by himself, on Friday next, but that sufficient time would be allowed between the first and the motion for the second reading, to enable the conference to communicate their views to him.

Dr. R. D. THOMSON stated, that Mr. Hawes had informed the deputation that his object was to have his bill printed, and placed on the same footing with that of Mr. Warburton, and that when he had read it the first time he should name a distant day for the second reading; and, in the mean time, would be happy to receive suggestions from the profession.

It was resolved, that the present should be considered a preliminary meeting.

It was proposed, and after some discussion agreed to, that, in order to elicit the opinions of the conference on the principles and details of a medical bill, the document drawn up by Dr. Webster, at the request of the Southampton committee, should be read, and its various clauses and suggestions should be discussed *seriatim*.

Mr. WICKHAM suggested, that before proceeding to this discussion a resolution should be passed, to the effect that in the opinion of this meeting neither the bill of Mr. Warburton nor that of Mr. Hawes was considered as satisfactory, or likely to benefit the profession.

After some discussion, the resolution was deemed unnecessary, and was accordingly withdrawn.

Mr. WICKHAM thought it would be desirable, before deliberating on the nature of a medical reform bill, that the conference should agree as to the grievances under which the profession labours, and the defects which require amendment. The preamble of Dr. Webster's outline of a bill was accordingly read, after which the secretary was requested to read the first clause of the same document :—

"1. That all members of the medical profession in Great Britain and Ireland, being graduates, members, fellows, or licentiates, of any of the existing chartered or otherwise legally-constituted universities, colleges, or corporations established in these realms, and all persons otherwise legally qualified to practise medicine at the passing of this Act, shall be constituted into one corporation or faculty of medicine."

Dr. COWAN objected to the establishment

* On the return of Mr. Carter to Newcastle, Dr. R. D. Thomson was nominated secretary.

† Appointed 17th March.

of the faculty of medicine specified therein, on the ground that it would be subversive of existing colleges and corporations. He was of opinion that the improvements in medical education, and the greater liberality evinced of late by the corporations, were such as to entitle them to retain their present powers under certain modifications. He thought, also, that the introduction of the elective franchise into the profession was uncalled for, and that it would be productive of disorder and other bad consequences. He admitted that reform was absolutely necessary, and that a minimum qualification should be established, without which no one should be admitted into medical practice. He would render one uniform system of education imperative on each and every body which at this time has power to examine and to grant diplomas; and he would advocate the appointment of some central and controlling body, which should be authorised to enforce such uniformity of operation. He was also of opinion that the profession required protection, and that the central board should superintend the interests of the medical practitioner, and adopt measures for defending him against the encroachments of illegal competitors.

Dr. FORBES could not agree in the sentiments expressed by his colleague. He thought there should be one examining and licensing board in the capital of each country, and that the Apothecaries' Company should cease to have control over medical education and practice. He was desirous to preserve the existing colleges, though not upon their present footing, and was favourable to an incorporation of the profession.

Dr. GRANT said he would be most unwilling to be instrumental in destroying some of the medical institutions of the country, but he did not apprehend that such a consequence would ensue from the establishment of a national faculty of medicine.

Mr. CARTER thought there was nothing in the clause now under consideration which was incompatible with the persistence of the existing medical corporations, and he was most anxious to disabuse the minds of many professional men as to the tendency of an incorporation of the members of the profession: the powers which would be conferred upon the governing body of a faculty of medicine, were such as the existing medical bodies were either incompetent to perform, or had entirely neglected to put in force.

Dr. COWAN agreed that there should be one uniform system of education for persons intending to practise medicine; and if such a principle were to be established, there would be some difficulty in showing why the duty of examining should be entrusted to a number of different and conflicting bodies; but granting that one examining board alone should be established in each capital of the empire, it did not follow that the corporations should be entirely excluded from any share in the construction of that board, or that they should not benefit in a pecuniary point of view from the fees payable by persons who might be examined. The College of Surgeons of Edinburgh, while it contended for the preservation of existing colleges in their right of examining, was favourable to an incorporation of the profession in each division of the kingdom. Dr. Kidd, of Oxford, had strikingly pointed out the propriety of one examining board for the general practitioner, although he would retain to existing universities the power of conferring degrees.

Dr. MARSHALL HALL thought that whatsoever change might take place in the examining and licensing of candidates for practice, the colleges would still be resorted to, and that medical men would have inducements for enrolling themselves as members. There was no obligation on surgeons taking the diploma of the College of Surgeons, but that corporation was resorted to by most persons intending to practise surgery. The colleges could not be surprised that their own members should demand a national faculty of medicine, for there had been little sympathy between the councils and members of those institutions. Dr. Hall instanced the alienation of their licentiates by the College of Physicians.

Mr. GRAINGER did not see how a national faculty of medicine could be established without putting aside the existing colleges, but he did not think its establishment was the less to be desired on that account, the profession required the protection of a representative governing body.

Dr. WEBSTER was astonished at the remarks of Dr. Cowan. He thought that gentleman was retrograding, for the Provincial Association had, at its meeting at Southampton, sanctioned the establishment of a representative faculty of medicine; the incapacity of the existing corporations to form a governing body for the profession, or a board of health for the public, or a qualifying body for the candidate for practice, was notorious. He did not see how these objects could be obtained without a properly-constituted governing body.

Mr. WICKHAM complained of the entire want of protection afforded the members by the corporations, but he thought they should not be disturbed further than to subject them to uniform arrangements with respect to education. He was in favour of a central board of control.

Dr. COWAN explained that he had no objection to the central board being appointed by the profession, but it should not have the power of the head of a faculty.

Mr. EVANS had been a licentiate of the Apothecaries' Hall twenty-five years, and

had received neither benefit or protection from it.

A conversation then took place as to the admission of a reporter, and it was agreed that one should be engaged for taking down the subsequent proceedings of the conference; and it was resolved,—That this meeting be adjourned until to-morrow, at one o'clock.

Second Meeting of the Delegates, Thursday, February 4, 1841.

Dr. MACARTNEY, F.R.S., in the chair.

Present—*Provincial Association*, Dr. Macartney, Dr. Forbes, Mr. Ceely, Dr. Cowan, Mr. Wickham, Dr. Hennis Green.

British Medical Association, Dr. Webster, Mr. Davidson, Mr. Evans, Dr. M. Hall, Dr. R. Dundas Thomson.

North of England, Mr. Carter.

Cornwall Association, Mr. Grainger.

The minutes of the preceding meeting were read.

A discussion took place as to the publication of the proceedings.

Dr. FORBES proposed, and Dr. WEBSTER seconded, a motion, that the proceedings should not be published from day to day, but that, at their termination, a publishing committee should be formed, and through their agency a digest should be printed and published; but that, in the interim, the conference should have a discretionary power to publish any part of their proceedings, if such a course should be deemed requisite. The motion was put from the chair, and carried unanimously.

Dr. WEBSTER proposed that each section of delegates should explain the powers entrusted to them.

On behalf of the delegates from the Provincial Association, Dr. FORBES stated that the central council had forwarded to their delegates resolutions to the following effect:—

1. That in any new arrangements existing corporate bodies should be duly respected.

2. That neither the Bill of Mr. Warburton nor that of Mr. Hawes was satisfactory to the council.

Dr. COWAN maintained that a general medical faculty would be ruinous to existing institutions; and in opposing its formation, he thought he was only acting in conformity with the resolutions of the central council of the Provincial Association.

Dr. FORBES could not see any thing inconsistent, with all proper respect for the present medical corporations, in the establishment of a national faculty or incorporation of the profession.

Dr. MACARTNEY was of opinion, that the respect which should be shown to existing corporate bodies should not be allowed to compromise the public interests.

Mr. GRAINGER inquired if the provincial delegates were at liberty to support the establishment of a faculty, if it were found that such an institution were incompatible with the continuance of existing corporate bodies.

Mr. CARTER, as a member of the Provincial Association, could perceive nothing in the resolutions of the central council which was at variance with the report of the medical reform committee of the same association. That report insisted on the incorporation of the profession, at the same time that it expressed a desire that all due consideration should be shown to existing interests and bodies. The report was unanimously adopted; and its author, Dr. Barlow, was the individual who proposed that power should be given to the central council to take such steps as they might deem expedient for promoting medical reform until the next general meeting of the association: a motion seconded by Mr. CARTER.

Mr. CEELY was of opinion that the instructions he had received were by no means inimical to the incorporation of the profession into a faculty.

Mr. WICKHAM could not see cl[illegible] such an institution was to b[illegible] without divesting the pres[illegible] of their authority and th[illegible] sources. He should lik[illegible] quent heads of the Bill [illegible] an opinion.

Mr. DAVIDSON asked [illegible] legates represented th[illegible] central council only.

Dr. MACARTNEY re[illegible] appointed by and wer[illegible] of the council. He wa[illegible] the officers of the prese[illegible] were hereafter to be elect[illegible] thereof, that a general coun[illegible] board might be composed of [illegible] ber of those officers chosen from [illegible] councils of their respective corporati[illegible]

Dr. WEBSTER read a portion of the report of the reform committee of the Provincial Association adopted at Southampton last year, wherein the establishment of a faculty was distinctly recognised and advocated. He also read extracts from a letter addressed to him by Dr. Barlow relative to the same point.

Dr. FORBES was of opinion that the time had not arrived for considering the privileges of the corporations in connection with a new system of medical government.

Mr. CARTER thought that such discussion should be deferred until the fifth clause of Dr. Webster's Bill, relating to the establishment of a general medical senate, was taken into consideration.

Mr. WICKHAM had no objection to pass over the first clause.

Dr. COWAN thought that the whole Bill should be read, that members of the conference might see the connection of one part of

it with another. This being assented to, the secretary read the Bill.

Mr. GRAINGER stated, that he felt himself bound not less by duty than by inclination to act in conformity with the principles of the Cornwall Medical Association, which are as follow :—

"That all legally-qualified practitioners shall form a faculty of medicine, which shall elect a senate for each capital of the United Kingdom; that these senates should be subject to the same laws and regulations, and shall form by-laws for the government and protection of the faculty. That the members of the existing medical corporations shall be invited to take part in the formation of the first senate. That all candidates for degrees in medicine shall be publicly examined by a board elected as the senate shall suggest. That a high medical qualification shall be demanded from candidates, who shall receive equal rights, titles, and privileges; and that a register shall be kept of the names of the members of the faculty, and that no one whose name does not appear in the register shall be entitled to practise. That no member shall sell drugs, or compound medicines, unless prescribed by himself, or others in consultation with him, and for his own patients, except by special licence."

Mr. WEBSTER said, that the delegates of the British Association were left at liberty to their discretion, so long as they kept to the principles which had been invariably held by that body.

Mr. CARTER made a similar statement relative to the North of England Medical Association.

Dr. FORBES suggested that it would expedite the business of the conference if a few general principles were, in the first place, agreed upon by the delegates.—This proposition was acquiesced in.

Mr. GRAINGER accordingly proposed,

1. *That the representative system of government be considered by this conference as an essential principle of medical reform.*

Mr. EVANS seconded the motion.

Mr. WICKHAM thought that if this principle were acted upon, it would require to be controlled by many checks. He could by no means see the *necessity* for its adoption.

Mr. DAVIDSON observed, that the provincial delegates were bound to support the principle by the recorded sentiments of their parent body.

A discussion now took place as to the mode of taking the sense of the meetings on the various topics which should be brought before them, and it was resolved unanimously,—That when a very general feeling should prevail in favour of a given opinion, those who might not acquiesce in it should enter a written protest against its adoption.

Dr. COWAN and Mr. WICKHAM desired that the following protest should be recorded on their behalf :—

We agree that medical reform is requisite, and that the representative principle is desirable, if it can be found to be practicable, but we do not regard it as an *essential* feature of reform.

The other delegates were unanimously in favour of Mr. Grainger's motion, which was accordingly declared to embody the opinion of the conference.

Dr. GREEN read a letter from Mr. Crosse, of Norwich, expressing the regret of that gentleman that he could not be present in his capacity of a delegate. Mr. Crosse observes,

"I humbly conceive that no change can be satisfactory, unless it goes to the extent of making medical education and legal qualification to practice uniform throughout the empire, with liberty to reside in any part of it. Moreover, I deem it absolutely essential that there should be an annual registration of all gentlemen legally authorised to practise, specifying residence and grounds of qualification. The above general principles being kept in view, we should respect existing institutions to all the extent practicable; but I am an enemy to all partial patchwork, unsystematic legislation, and to the maintenance of privileged corporations for local and individual purposes."

2. Dr. FORBES proposed, "*That, in the opinion of this conference, there should be an uniform test of qualification, and equal privileges for all persons who shall hereafter be licensed to practise medicine in the British dominions.*"

The motion was seconded by Dr. MARSHALL HALL.

Dr. MACARTNEY thought an examination was no proper test of qualification. He contended, there should be one standard of education for all practitioners: he would have no insufficiently educated medical men.—The learned gentleman then read an extract from a paper written by himself, wherein this principle was advocated.

Dr. COWAN suggested that the word *minimum* should be substituted for *uniform*.

Mr. EVANS objected to the term minimum, it would tend to produce an erroneous impression, that the qualification must be of a limited and insufficient character.

Dr. FORBES could see no objection to both words being employed. When an uniform qualification was spoken of as a passport to medical practice, it did not follow that a still greater amount of knowledge might not be acquired, that the medical studies should not be prolonged, or that degrees in medicine and surgery should not be conferred on those who should prove, on a subsequent examination, that they were entitled to such honorary distinctions.

Dr. WEBSTER maintained that the general practitioner received the highest medical education of any grade in the profession. He did not approve of one class of practi-

had received neither benefit or protection from it.

A conversation then took place as to the admission of a reporter, and it was agreed that one should be engaged for taking down the subsequent proceedings of the conference; and it was resolved,—That this meeting be adjourned until to-morrow, at one o'clock.

Second Meeting of the Delegates, Thursday, February 4, 1841.

Dr. MACARTNEY, F.R.S., in the chair.

Present—*Provincial Association*, Dr. Macartney, Dr. Forbes, Mr. Ceely, Dr. Cowan, Mr. Wickham, Dr. Hennis Green.

British Medical Association, Dr. Webster, Mr. Davidson, Mr. Evans, Dr. M. Hall, Dr. R. Dundas Thomson.

North of England, Mr. Carter.

Cornwall Association, Mr. Grainger.

The minutes of the preceding meeting were read.

A discussion took place as to the publication of the proceedings.

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Dr. WEBSTER proposed that each section of delegates should explain the powers entrusted to them.

On behalf of the delegates from the Provincial Association, Dr. FORBES stated that the central council had forwarded to their delegates resolutions to the following effect:—

1. That in any new arrangements existing corporate bodies should be duly respected.

2. That neither the Bill of Mr. Warburton nor that of Mr. Hawes was satisfactory to the council.

Dr. COWAN maintained that a general medical faculty would be ruinous to existing institutions; and in opposing its formation, he thought he was only acting in conformity with the resolutions of the central council of the Provincial Association.

Dr. FORBES could not see any thing inconsistent, with all proper respect for the present medical corporations, in the establishment of a national faculty or incorporation of the profession.

Dr. MACARTNEY was of opinion, that the respect which should be shown to existing corporate bodies should not be allowed to compromise the public interests.

Mr. GRAINGER inquired if the provincial delegates were at liberty to support the establishment of a faculty, if it were found that such an institution were incompatible with the continuance of existing corporate bodies.

Mr. CARTER, as a member of the Provincial Association, could perceive nothing in the resolutions of the central council which was at variance with the report of the medical reform committee of the same association. That report insisted on the incorporation of the profession, at the same time that it expressed a desire that all due consideration should be shown to existing interests and bodies. The report was unanimously adopted; and its author, Dr. Barlow, was the individual who proposed that power should be given to the central council to take such steps as they might deem expedient for promoting medical reform until the next general meeting of the association: a motion seconded by Mr. CARTER.

Mr. CEELY was of opinion that the instructions he had received were by no means inimical to the incorporation of the profession into a faculty.

Mr. WICKHAM could not see clearly how such an institution was to be established, without divesting the present corporations of their authority and their pecuniary resources. He should like to hear the subsequent heads of the Bill read before forming an opinion.

Mr. DAVIDSON asked, if the provincial delegates represented the association, or the central council only.

Dr. MACARTNEY replied, that they were appointed by and were the representatives of the council. He was of opinion, that if the officers of the present corporate bodies were hereafter to be elected by the members thereof, that a general council or governing board might be composed of a certain number of those officers chosen from and by the councils of their respective corporations.

Dr. WEBSTER read a portion of the report of the reform committee of the Provincial Association adopted at Southampton last year, wherein the establishment of a faculty was distinctly recognised and advocated. He also read extracts from a letter addressed to him by Dr. Barlow relative to the same point.

Dr. FORBES was of opinion that the time had not arrived for considering the privileges of the corporations in connection with a new system of medical government.

Mr. CARTER thought that such discussion should be deferred until the fifth clause of Dr. Webster's Bill, relating to the establishment of a general medical senate, was taken into consideration.

Mr. WICKHAM had no objection to pass over the first clause.

Dr. COWAN thought that the whole Bill should be read, that members of the conference might see the connection of one part of

it with another. This being assented to, the secretary read the Bill.

Mr. GRAINGER stated, that he felt himself bound not less by duty than by inclination to act in conformity with the principles of the Cornwall Medical Association, which are as follow :—

"That all legally-qualified practitioners shall form a faculty of medicine, which shall elect a senate for each capital of the United Kingdom ; that these senates should be subject to the same laws and regulations, and shall form by-laws for the government of and protection of the faculty. That the members of the existing medical corporations shall be invited to take part in the formation of the first senate. That all candidates for degrees in medicine shall be publicly examined by a board elected as the senate shall suggest. That a high medical qualification shall be demanded from candidates, who shall receive equal rights, titles, and privileges ; and that a register shall be kept of the names of the members of the faculty, and that no one whose name does not appear in the register shall be entitled to practise. That no member shall sell drugs, or compound medicines, unless prescribed by himself, or others in consultation with him, and for his own patients, except by special licence."

Dr. WEBSTER said, that the delegates of the British Association were left at liberty to use their discretion, so long as they kept in view the principles which had been invariably upheld by that body.

Mr. CARTER made a similar statement relative to the North of England Medical Association.

Dr. FORBES suggested that it would expedite the business of the conference if a few general principles were, in the first place, agreed upon by the delegates.—This proposition was acquiesced in.

Mr. GRAINGER accordingly proposed,

1. *That the representative system of government be considered by this conference as an essential principle of medical reform.*

Mr. EVANS seconded the motion.

Mr. WICKHAM thought that if this principle were acted upon, it would require to be controlled by many checks. He could by no means see the *necessity* for its adoption.

Mr. DAVIDSON observed, that the provincial delegates were bound to support the principle by the recorded sentiments of their parent body.

A discussion now took place as to the mode of taking the sense of the meetings on the various topics which should be brought before them, and it was resolved unanimously,—That when a very general feeling should prevail in favour of a given opinion, those who might not acquiesce in it should enter a written protest against its adoption.

Dr. COWAN and Mr. WICKHAM desired that the following protest should be recorded on their behalf :—

We agree that medical reform is requisite, and that the representative principle is desirable, if it can be found to be practicable, but we do not regard it as an *essential* feature of reform.

The other delegates were unanimously in favour of Mr. Grainger's motion, which was accordingly declared to embody the opinion of the conference.

Dr. GREEN read a letter from Mr. Crosse, of Norwich, expressing the regret of that gentleman that he could not be present in his capacity of a delegate. Mr. Crosse observes,

"I humbly conceive that no change can be satisfactory, unless it goes to the extent of making medical education and legal qualification to practice uniform throughout the empire, with liberty to reside in any part of it. Moreover, I deem it absolutely essential that there should be an annual registration of all gentlemen legally authorised to practise, specifying residence and grounds of qualification. The above general principles being kept in view, we should respect existing institutions to all the extent practicable; but I am an enemy to all partial patchwork, unsystematic legislation, and to the maintenance of privileged corporations for local and individual purposes."

2. Dr. FORBES proposed, "*That, in the opinion of this conference, there should be an uniform test of qualification, and equal privileges for all persons who shall hereafter be licensed to practise medicine in the British dominions.*"

The motion was seconded by Dr. MARSHALL HALL.

Dr. MACARTNEY thought an examination was no proper test of qualification. He contended, there should be one standard of education for all practitioners: he would have no insufficiently educated medical men.—The learned gentleman then read an extract from a paper written by himself, wherein this principle was advocated.

Dr. COWAN suggested that the word *minimum* should be substituted for *uniform*.

Mr. EVANS objected to the term minimum, it would tend to produce an erroneous impression, that the qualification must be of a limited and insufficient character.

Dr. FORBES could see no objection to both words being employed. When an uniform qualification was spoken of as a passport to medical practice, it did not follow that a still greater amount of knowledge might not be acquired, that the medical studies should not be prolonged, or that degrees in medicine and surgery should not be conferred on those who should prove, on a subsequent examination, that they were entitled to such honorary distinctions.

Dr. WEBSTER maintained that the general practitioner received the highest medical education of any grade in the profession. He did not approve of one class of practi-

tioners being provided for the rich and another for the poor. The latter were more in need of well-educated medical attendants than the former. The poor man had, for the most part, no latitude of choice; but the rich could call into aid a plurality of opinions.

Dr. COWAN was strongly in favour of two grades. It was most desirable that encouragement should be given for some members of the profession to devote themselves to learning and to scientific researches; whilst others were engaged in those active duties which would allow a comparatively imperfect pursuit of other objects, than those of a practical nature.

Mr. WICKHAM was also an advocate for two grades.

Mr. CARTER thought that this discussion was irregular, the question related to the qualifications of *licentiates* in medicine. The subject of grades would come under discussion at another stage of the proceedings—equal qualification of practitioners ought to be accompanied with equal privileges, and the abolition of exclusive rights of practising in particular localities. The Scotch licentiate should be at liberty to practise in England, and *vice versâ*.

Dr. COWAN denied that equal privileges should be enjoyed by all practitioners, if more than one grade were to exist in the profession.

Dr. FORBES explained, that the higher grade would be an honorary distinction, but that it would not confer additional privileges, at least not legal ones.

Mr. CARTER remarked, that the privileges of the higher grade would be, perhaps as they are now, conventional. The physician had not, at the present time, equal *legal* privileges with the general practitioner.—Mr. C. read an extract from a letter addressed to him by W. Wood, Esq., of Edinburgh, explaining that the College of Surgeons of that city were in favour of honorary degrees in medicine, but that they were of opinion that such distinctions should bestow no *exclusive* right or privilege.

Dr. Forbes's motion was then put, and agreed to unanimously.

3. Incorporation of the profession.

Dr. MARSHALL HALL moved, "*That, in the opinion of this meeting, the legally-qualified members of the medical profession in Great Britain and Ireland should be incorporated into three faculties, or corporations; one in England, a second in Scotland, and a third in Ireland.*"

Dr. HALL said, all I now propose is, that the profession should be incorporated; when we come to consider who are the persons to be so incorporated, we can discuss those points on which there may appear to be a discrepancy of opinion. In making the present proposition, allow me to say, that I do not at all preclude the idea of grades in the profession, though it would appear that some persons think we have that object in view: my opinion is simply, that every man in the profession should receive a good education, and pass through a stringent examination, and, having undergone it, be licensed to practise physic in all its departments. If such a man should choose to go further, inspired by the love of fame, I would not prevent it; let him take a degree if he please, and practise any particular department he may prefer. This plan does not at all interfere with the rights of existing institutions. Suppose a person become a member of this one faculty, what is there to prevent him looking round and seeing what honours can be obtained? If he like to be a physician, let him become a fellow of the Royal College of Physicians. If that college be conducted as it ought to be, on principles of morality and justice, it will be an honourable and agreeable thing to belong to it. I believe that every man in the profession, choosing to act and practise as a physician, would be desirous of such an association, and of becoming a fellow of the college. My reasons are the following:—We have in this city a most respectable medical society, called the Royal Medico-Chirurgical Society, the most thriving body in the whole profession. There is nothing to induce men to become members except that it is respectable, honourable, and agreeable; and yet they deposit, in the first instance, six guineas, and then pay three guineas annually. Why should not the College of Physicians thrive in a similar manner? Again, it is not at all necessary, in order that a person may practise in this country, to be a fellow or a licentiate of the College of Physicians; and yet, on looking over the list, it will be found that a majority of the fellows are resident in the country. Why have they paid their money to become fellows? Because it is thought to be honourable. What should induce men to become extra-licentiates, I know not; but I suppose there are some who think it honourable. The College of Surgeons thrives, and yet no person is compelled to go before it. This is extraordinary. I remember the time when, out of the three surgeons to the infirmary at Nottingham, only one was a member of the college. Why was he a member? Not because it was incumbent upon him, but because he thought it honourable. All the surgeons, however, now are members of the college. What is the principle by which they have been actuated? They think it honourable and respectable. I conclude, therefore, from these facts, that if we incorporate the whole profession in one faculty, the present bodies will nevertheless thrive—not as they do now—but by raising their members to respectability, honour, and distinction. Take again the Royal Society: a gentleman to enjoy the honour of having F.R.S. at-

tached to his name, will cheerfully pay his fifty guineas. The love of honour will lead men to the College of Physicians and the College of Surgeons; but what will become of the Society of Apothecaries, I am at a loss to conjecture; at the same time, I believe that that society has done more for the profession than the two colleges taken together. I, therefore, feel a little pity for that institution; but since it is a society for selling drugs, I do not think that it is entitled to much consideration. I do not imagine that the incorporation of the profession will operate injuriously on existing institutions; on the contrary, I think they will be greatly benefitted by the change, and that the present odious distinction—immoral, unjust, and unchristian—between fellows and licentiates will cease. The sooner that source of heart-burning for the last half century ceases, the better. Those who become members of the College of Surgeons will be entitled to equal privileges, eligible for the council, and for all other offices.

This motion was seconded by Dr. WEBSTER.

Dr. COWAN was persuaded that members of the new faculty would not go to the old colleges for admission: the latter would be converted into inferior bodies by the faculty; the present corporations would not submit to a casual or voluntary admission of members. And he thought that the changes involved in the proposal of Dr. Hall would be entirely frustrated by the powerful opposition of those bodies.

Dr. FORBES observed, that the Apothecaries' Company was the only legal qualifying body in England, and yet the colleges were repaired to.

Dr. COWAN thought that the colleges were preferred in public opinion, and therefore their diplomas and degrees were sought by the candidate for medical or surgical practice. If the colleges were corrupt, why should they be continued on any terms.

Dr. FORBES replied, that the existing medical institutions would be reformed, and might be made so many component parts of a new system of medical polity.

Dr. MARSHALL HALL did not think the licensing board would be a higher body than the universities and colleges: it would be a larger body. The inability of the colleges to promote uniformity in the qualification of persons entering into practice, indicated forcibly the need of a new and general board.

Mr. CARTER could not think that the mere admission of a licentiate of medicine into the College of Physicians by ballot, on the payment of a certain fee, should constitute him a graduate or doctor in medicine. Such a title should convey some meaning, it should not be an empty sound, and should not be procurable without some decided test of superior attainments in medical science. He was an advocate for two grades in the profession; but he thought it was only fair towards the public, and just to the profession, that titles and degrees should be based on some clearly-defined and proper principle: that such was not the case at present, he need hardly stay to remark. Young men, at the age of twenty-one, were annually sent out into the world as doctors of medicine, because they had studied during four winter sessions in the university of Edinburgh. It often happened, at present, that the general practitioner was a man of vastly superior attainments to the graduate or doctor in medicine. Such anomalies should be put an end to; the title should be the mark of that which its name implies—of superiority of attainments. He doubted not there were different ways in which grades might be conferred; upon principles not only of justice, but of positive advantage both to the public and the medical practitioner. He thought that the title of doctor should not be attainable by any man until he had reached the age of twenty-eight or thirty. An examination should be instituted for those who wished to enter the higher grade; and this should only be instituted, on condition that the candidate had previously possessed himself of the licence of the national faculty, and that the grade should not be confined to men who possessed the largest share of pecuniary means. He would make it open to all who should pass the said examination, whether, during the interval which had elapsed from his taking the licence, and applying to be examined for the degree, he should have been occupied in prolonged academical studies and hospital attendance, or in the actual duties of his profession. In some such way as this, he imagined that grades might be conferred with benefit to all: they might hold out an inducement for men of fortune to select medicine as a profession; and it often happened that such persons being less solicitous about practice than their less wealthy brethren, were found to devote themselves to scientific labours and researches which were calculated to improve their art, and it was therefore desirable that there should be such men in the profession. On the other hand, the grade being open to every licentiate without his being obliged to return to his academical pursuits after obtaining his licence, would act powerfully as an incentive to continued exertion and as a reward of industry. It would not, he thought, be well to strip the profession of distinctive titles—it would not tend to secure it the respect of the public in a country where titles and distinction were looked upon with consideration. It had been urged that the poor curate began life with the same education as the wealthy vicar, but were there no grades in divinity;—were there not M.A., B.A., and D.D., in the same university or faculty? Were there not also distinctions in the bar?

Were there not sergeants and queen's counsel? And did not the church and the bar hold out rewards and inducement to industry, which the medical profession never could do? Would not the poor curate become the vicar, the prebendary, the bishop, the archbishop? Could not the lawyer become a judge or a chancellor—the keeper of the queen's conscience! He was of opinion that there should be two grades; and as a medical senate would be required for regulating the qualification of licentiates, he thought that to the same body should be confided the prescribing of the terms in which grades should be attainable. Such regulations ought not be left to a number of different institutions which had a pecuniary interest in the matter. These observations were somewhat misplaced. He had made them, however, because many persons supposed that by incorporating the profession into one faculty, there must of necessity be amongst its members but one grade: the term faculty was confounded with the word grade. It was quite consistent for men of different titles to be incorporated together; they were so in all of our universities; and it was most desirable that this mistake should be corrected.

Mr. Ceely said, the last speaker had expressed his own sentiments on the subject of grades and of incorporation.

Dr. Macartney had no objection to ascending grades. He objected to the term lower grade, when it was used to imply that there should be one class of practitioners for large and wealthy towns, and an inferior class for rural or thinly-peopled districts.

Mr. Wickham was in favour of a protecting faculty and uniformity of qualification for a licence. But should not the higher grade be conferred by the same board which gave the licence? Might not a joint board be composed of existing corporate officers?

Dr. Forbes thought that a representation of the existing institutions might be infused into the councils of the new corporations or faculties.

Dr. Cowan suggested, that the conference might agree that the profession should be incorporated without expressing an opinion as to the mode in which this should be accomplished.

Dr. Webster dwelt strongly on the importance of a faculty, both as relating to Government and the protection and qualification of medical men: he should reserve what he had to say respecting grades till another opportunity.

Dr. M. Hall's motion was then agreed to, and the meeting was adjourned until Saturday, 6th inst, at two o'clock, P.M.

It was resolved,—That five members should constitute a quorum, and proceed to business, provided that three of the members should be of different associations from the remaining two.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 23, 1841.

Dr. Williams in the chair.

Observations on the Blood Discs and their Contents. By John Queckett, *Student of Human and Comparative Anatomy at the Royal College of Surgeons. Communicated by* Dr. Pereira.

The author's observations in the paper, whose title has just been given, lead him to the following conclusions:—That each red particle of human blood is a flattened circular disc, consisting of an outer membrane or envelope, with a gelatiniform fluid in its interior, which, under certain circumstances, is capable of becoming granular, and of escaping from the envelope in the form of small globules, the general number from each disc being about six or seven, and that the discs may present either a bi-convex or bi-concave surface, the latter form being by far the most common. The author has hitherto failed in making out the existence of a central spot or nucleus, as usually described. He declines stating, at present, what he has ascertained the contained granules to be, intending to lay before the society, at some future period, not only this, but an important part played by them in some of the effects of inflammation. The author describes, at considerable length, the appearances presented by the granules, both in the act of escaping from the discs, and afterwards pointing out the confirmation furnished by his observations of the correctness of the description given by Leuwenhoeck of the appearances presented by the globules of the blood, that distinguished observer having described each disc as composed of six smaller ones. The author's description was illustrated by a series of drawings of the discs and granules, as seen in the microscope.

Mr. Dalrymple advanced the claims of Mr. Hewson above all other observers of the blood corpuscles, and stated that it was too much the fashion of the present day to forget the labours of our predecessors. He stated, that in a recent work upon this subject by Dr. Mandl, his silence upon the merits of Mr. Hewson's discoveries was any thing but creditable, and that it seemed to be totally forgotten that Mr. Hewson had figured the difference in size and shape of the blood discs of the parent and embryo animal. While he admitted the labour and patience of the author of the paper, he was bound to say that the great majority of these observations had been made by Mr. Hewson, who was perfectly aware of the action of re-agents upon the blood corpuscles. He then detailed several of Mr. H.'s experiments

and observations, showing that he particularly described the mulberry-shape the discs sometimes assumed, that he had observed the vesicles break into pieces, and combatted the theory of De la Torre, that they break regularly into seven parts.

Hewson was the first to ascertain the exact shape of the blood discs; he described them as flat vesicles, with a central nucleus; that he had seen them "with their sides parallel like a number of coins laid one against another," whilst circulating in the vessels of a frog's web.

His argument that they possess a true nucleus was derived principally from the blood corpuscles of the lower animals, as the frog, toad, and skate, being, from their large size, more fitted for the experiment; but that he had observed the central spot in the human blood corpuscle fissured through its middle, when the vesicle had been broken through.*

Mr. DALRYMPLE concluded by observing, that almost all that was at present distinctly made out in reference to the physical characters of the blood corpuscles was known to, accurately described and figured by, our illustrious countryman, to whom very imperfect justice had been rendered both at home and abroad.

Mr. QUECKETT observed, that he only claimed the discovery of the formation of the granules in the blood corpuscle, and the observance of their ejection from the containing body. He was quite aware that Hewson had mentioned the spinous and mulberry-shape of the blood corpuscles.

Case of Partial Softening of the Right Corpus Striatum and Left Lobe of the Cerebellum, with Imperfect Paralysis of the Left Arm and Right Leg. By Dr. BARKER.

The patient is described as having lost all sensation, and almost all power of motion, in the left arm and right leg; neither the intellect nor any organs of sense having been affected before, or being affected after the attack. The only preceding symptom had been muscular weakness. She appeared to have undergone a fit, which lasted about half an hour, five months before.

Between her admission into St. Thomas's Hospital (September 15, 1840,) and her death, she regained the complete power of retaining her evacuations, which had been lessened, but not destroyed, by the last attack; and up to the 3rd of November her other paralytic symptoms had diminished. On that day a fit occurred, and was repeated January the 6th, 13th, and 23rd. In a few hours after the last fit she died; her pulse had been uniformly slow and feeble, her strength had been supported, and no active treatment adopted.

Serum was found, on examination, under the arachnoid of the brain, otherwise it was healthy, except at two points in which there was a softened portion of medullary substance, namely, in the right corpus striatum and the left lobe of the cerebellum.

The cause of death in this case, the author presumes to have existed in the softened points, which he considers as not of the nature of apoplectic clots, or of ramollissement; and he considers the mode in which this lesion produced death as different in kind from what is usually observed where organic disease, after long quiescence, becomes the cause of death. He presumes, therefore, that this event was attributable to disease distant from parts primarily affected.

The author, in conclusion, points out discrepancies between the phenomena of this case and the general rules laid down in regard to the relation between affected portions of brain and the paralysed parts of the body; and expresses his opinion that these rules rest, at present, on an imperfect foundation.

Dr. ADDISON remarked, that the fact of Dr. Barker's case having been chronic instead of acute, would fail to make any deduction from it so available in reference to received opinions, as though the disease had been acute.

Dr. BARKER and Dr. CLENDINNING conceived that the distinction drawn by Dr. Addison would not influence the deduction made by the author of the paper.

INSTRUMENTS FOR SQUINTING.

IT is astonishing, seeing that the aphorism of the celebrated Desault, "the simplicity of an operation is the measure of its perfection," originated in the mind of one of our Gallic neighbours, to remark the "fureur" in the invention of instruments that can only serve to complicate a simple procedure, which they exhibit. We have had occasion to blush for the finicking modifications of our countrymen, in the production of so-called new instruments; but it is somewhat refreshing to see that our Parisian friends have carried away the palm of absurdity most triumphantly. Will our readers believe that a fancy-instrument-maker of Paris, M. Charriere, advertises no less than forty-nine different instruments for rectifying squinting. Forty-nine improved aids for the bungler: among them some are especially amusing; for instance, spatula of M. Dieffenbach; conjunctival dissector of

* In regard to Hewson's observation on the mulberry-shaped corrugated vesicles, he admits the use of serum in a state of commencing putrefaction, with which he diluted the fresh human blood: this may have had an effect in producing the change of figure observed.—REP. LANCET.

M. Guerin; hooked forceps, for raising a fold of conjunctiva, of M. Leroy d'Etiolles, &c. &c.

MEDICAL RELIEF SOCIETY.

The Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity, held its half-yearly general court, which was very numerously attended, on Wednesday evening last, at the Gray's-inn Coffee-house; Sir Chas. M. Clarke, Bart., in the chair. During the private business of the society, and when the names of the pensioners were mentioned, it was announced that the Duke of Sutherland had presented twenty guineas to the society, and his Grace was elected a vice-patron. It was also stated, that the Duke of Cambridge had consented to preside at the annual dinner on the 17th inst. These announcements were most cordially received, and the thanks of the society voted to His Royal Highness and the Duke of Sutherland.

LECTURES.—COLLEGE OF SURGEONS.

Professor Owen commenced the annual course of twenty-four lectures on the Hunterian collection, on Tuesday, March 30, 1841, by a recapitulation of the principal features of the lectures of the four preceding years—viz., on the blood and circulating system, the digestive system, the absorbent system, the respiratory system, the secreting system, and the generative system, completing the organic functions. The present course will embrace the systems of animal life, viz., the osseous, muscular, and nervous systems. The attendance was exceedingly thin; there were few members of the council, and only two or three visitors.

FRENCH MICROSCOPES.

On the 9th of March, M. Donné presented to the Academy the model of a microscope, in which he has succeeded in effecting an important improvement. It is so extremely simple as to be perfectly portable; and its price will not exceed thirty-five francs, although it is capable of magnifying from 250 to 300 diameters.

NEW MICROSCOPE.

We were favoured with a view of a new microscope just constructed by Mr. Hugh Powell, and exhibited for the first time at the Marquis of Northampton's soirée, on Saturday evening. It is much smaller than his last instrument, more portable, equally steady, and will scarcely cost more than half the price. Mr. Powell's new half-inch is the most beautiful lens we have ever examined.

TO CORRESPONDENTS.

The communication of *Obstetriculus* is calculated to excite a controversy, for which we should be unable to find room. Our correspondent, at present, must be contented with the statement of the fact; the expression to which he alludes is evidently an inaccuracy in the expression of the idea passing in the author's mind.

The letter from a "*pupil*" of the London Hospital is not fitted for our pages; nor can we countenance the coxcombry to which he alludes. It is not the practice in this country, among men belonging to a serious profession, to waste their time in the cultivation of the appendages in question, and we cannot feel surprised at the proceeding of the committee. The general impression produced on every thinking mind by the use of such ornament is, that it is required to compensate for a deficiency within: a medical man should be remarkable for his information and judgment, and not conspicuous for the elegance of his whiskers or mustachios, which are small recommendations in cultivated society.

Mr. G. F. Dunn; the examination at Apothecaries' Hall is not necessary to the passing of the Army and Navy Boards.

Communications have been received from *Mr. Murray* and *Mr. Lloyd.*

P. L. should recollect that of all diseases to which the human frame is liable, few require more judgment, in the matter of treatment, than those of the skin. Iodine is an invaluable medicine in many, but in certain stages only: its beneficial effects will be seen in most of those presenting a chronic form; but no positive rule can be laid down for its exhibition.

The letter of *Senex* should have been signed either *Infans* or *Versutus.* We know what house the deceased left, and might ascertain the succeeding tenant; but what *chair* he filled we are ignorant.

Studens Georgii Sancti. The College, of course, can grant the degree of M.D., the possession of which might act as a recommendation to the appointment, but it would furnish the candidate for the post with no legal claim upon the electors. The second question should be asked at the college-doors.

Westminster and London Medical Societies; we are compelled, from press of matter, to postpone the reports of these societies until next week.

Would *Mr. J. Butler* furnish us with a narrative of the cases of chancre of the tongue, to which he alludes, with the previous history of the patients, and mode of treatment? Chancre of the lips and tongue are seen occasionally in the venereal wards of Paris, but very rarely in this country.

The letters of *C. M. M.*; *Mr. Reddle*; *Mr. Whipple*, and many other correspondents, have been received.